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Mar 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718652 (1)

1. Corporation Name

NORTHEAST RAIDERS YOUTH ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 21321
ST. PETERSBURG FL 33742

P.O. BOX 21321
ST. PETERSBURG FL 33742-1321



3. Date Incorporated or Qualified
06/01/1970

3a. Date of Last Report
02/01/1996

4. FEI Number
51-0194403

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEIN, HENRY A ESO
CARTER, STEIN, SCHAAF & TOWZEY
270 FIRST AVE SO, STE 300
ST. PETE FL 33701**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME STEIN, HENRY
STREET ADDRESS 270 FIRST AVE SO, STE 300
CITY-ST-ZIP ST. PETERSBURG FL

1.1 TITLE PD
1.2 NAME MCCARTHY, TERRY
1.3 STREET ADDRESS 3663 BAYSHORE BLVD
1.4 CITY-ST-ZIP ST. PETERSBURG FL 33703

TITLE VPD
NAME MCCARTHY, TERRY
STREET ADDRESS 3663 BAYSHORE BLVD NE
CITY-ST-ZIP ST. PETERSBURG FL

2.1 TITLE VPD
2.2 NAME BURNETT, GREG
2.3 STREET ADDRESS 921 16th AVE NW
2.4 CITY-ST-ZIP ST. PETERSBURG FL 33704

TITLE SD
NAME DIBIASIO, DAN
STREET ADDRESS 2051 ILLINOIS AVE NE
CITY-ST-ZIP ST. PETE FL

3.1 TITLE SD
3.2 NAME FORD, KATHLEEN
3.3 STREET ADDRESS 405 15th AVE NE
3.4 CITY-ST-ZIP ST. PETERSBURG FL 33704

TITLE D
NAME BEWLEY, ED
STREET ADDRESS 4101 76 AVENUE N.
CITY-ST-ZIP ST. PETERSBURG FL

4.1 TITLE TD
4.2 NAME DIBIASIO, DAN
4.3 STREET ADDRESS 2051 ILLINOIS AVE NE
4.4 CITY-ST-ZIP ST. PETERSBURG FL 33703

TITLE TD
NAME FRIEDLANDER, PHILIP
STREET ADDRESS 5229 DENVER ST. NE
CITY-ST-ZIP ST. PETERSBURG FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME POLITANS, FRANK
STREET ADDRESS 2132 MONTANA AVENUE
CITY-ST-ZIP ST. PETERSBURG FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Daniel D. Politans*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0051456

CR2E037 (9/96)