FILE NOW: FILING FEE IS \$61.25

FILED Mar 24 1998 8:00am **NONPROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sendra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # 718652 NORTHEAST RAIDERS YOUTH ASSOCIATION, INC. Principal Place of Business Mailing Address P.O. BOX 21321 P.O. BOX 21321 3. Date Incorporated or Qualified ST. PETERSBURG FL 33742 ST. PETERSBURG FL 33742 06/01/1970 4. FEI Number Applied For 51-0194403 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional U 5. Certificate of Status Desired 28 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 22 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes ☐ No 23 28 Zip Zip Country 8. This corporation owes or has paid the current year intangible 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name STEIN, HENRY A ESQ 82 Street Address (P.O. Box Number is Not Acceptable) CARTER, STEIN, SCHAAF & TOWZEY 83 270 FIRST AVE SO, STE 300 ST. PETE FL 33701 64 City 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) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ☐ Change ☐ Addition TITLE 1.1 TITLE STEIN, HENRY NAME 1.2 NAME 270 FIRST AVE SO. STE 300 STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE MCCARTHY, TERRY 2.2 NAME NAME 3663 BAYSHORE BLVD NE 2.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 2.4 CITY-ST-ZIP CITY - ST-ZIP DELÉTÉ Change Addition 3.1 TITLE DIBIASIO, DAN 3.2 NAME 2051 ILLINOIS AVE NE STREET ADDRESS 3.3 STREET ADDRESS St. Pete fl CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE BEWLEY, ED 4.2 NAME NAME 4101 76 AVENUE N. 4.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE BIRMSTER, FREG 5.2 NAME NAME

ST. PETERSBURG FL CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. Thereby certify that the information supplied with this filling 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

821 16 AVE N

ST. PETERSBURG FL

FORD, KATHLEEN

405 15 AVE NE

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

Change Addition