


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS																																																																																																																																																	
DOCUMENT # 718652 1. Corporation Name NORTHEAST RAIDERS YOUTH ASSOCIATION, INC.																																																																																																																																																					
Principal Place of Business P.O. BOX 21321 ST. PETERSBURG, FL 33742			Mailing Address P.O. BOX 21321 ST. PETERSBURG, FL 33742																																																																																																																																																		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		25. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/01/1970 4. FEI Number 51-0194403 Applied For Not Applicable																																																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																																																																																																	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																																					
9. Name and Address of Current Registered Agent STEIN, HENRY A. ESQ. CARTER, STEIN, SCHAAF & TOWZEY 270 FIRST AVE SO, STE 300 ST. PETE, FL 33701 US			10. Name and Address of New Registered Agent 81 Name HENRY A. STEIN, ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) STEIN, FORD, SCHAAF & TOWZEY, L.L.P. 83 501 FIRST AVENUE NORTH, SUITE 1000 84 City ST. PETERSBURG FL 85 Zip Code 33701																																																																																																																																																		
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 <i>[Signature]</i> HENRY A. STEIN, ESQUIRE 3/29/98 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE																																																																																																																																																					
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>PD</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>STEIN, HENRY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>270 FIRST AVE SO, STE. 300</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST. PETERSBURG, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>MCCARTHY, TERRY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3663 BAYSHORE BLVD NE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST. PETERSBURG, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>DIBIASIO, DAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2051 ILLINOIS AVE NE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST. 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14. I 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: <i>[Signature]</i> 3/29/98 (813) 894-4333 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																																																					

CR2E037 (10/97)