


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2006 8:00 am
Secretary of State

08-01-2006 90002 035 ****61.25

DOCUMENT # 718652 1. Entity Name NORTHEAST RAIDERS YOUTH ASSOCIATION, INC.					
Principal Place of Business PO BOX 1338 ST. PETERSBURG, FL 33731 US			Mailing Address PO BOX 1338 ST. PETERSBURG, FL 33731 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 51-0194403	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MATHIAS, JOHN 1985 KANSAS AVE NE SAINT PETERSBURG, FL 33703				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BISHOP, TERRI 9545 2ND ST N SAINT PETERSBURG, FL 33702	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Tim Smith 5701 Lee St St Petersburg FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MALLUE, BARBARA 1760 63RD AVE N ST. PETERSBURG, FL 33702	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Michelle Kosior 4349 66th Ave N Pinellas Park FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDRICKSON, MANUELA 948 52ND AVE N SAINT PETERSBURG, FL 33703	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD maureen Price 231 62nd Ave N St Petersburg FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHIAS, ANGELA 1985 KANSAS AVE NE SAINT PETERSBURG, FL 33703	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Abby Rudderham 400 79th Ave NE St Petersburg FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORIN, GERALD 2546 1ST AVE S SAINT PETERSBURG, FL 33712	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jenny Callahan 1780 Georgia Ave NE St Petersburg FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, CLIFF 104 13TH AVE N SAINT PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 5/31/06 Daytime Phone #: 727-578-5055	