

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718652

FILED
Apr 04, 2008
Secretary of State

Entity Name: NORTHEAST RAIDERS YOUTH ASSOCIATION, INC.

Current Principal Place of Business:

5701 LEE STREET NE
ST. PETERSBURG, FL 33703 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1338
ST. PETERSBURG, FL 33731 US

New Mailing Address:

FEI Number: 51-0194403 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MATHIAS, JOHN
1985 KANSAS AVE NE
SAINT PETERSBURG, FL 33703 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KULIVIC, STEVE
Address: 4264 TARPON DR SE
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: SD () Delete
Name: FINK, TINA
Address: 8432 DIAGONAL RD N
City-St-Zip: ST PETERSBURG, FL 33702

Title: T () Delete
Name: MCDONALD, CHRISTOPHER
Address: 216 44TH AVE NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: O () Delete
Name: RUDDERHAM, ABBY
Address: 400 79TH AVE NE
City-St-Zip: SAINT PETERSBURG, FL 33702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER D MCDONALD

TREA

04/04/2008

Electronic Signature of Signing Officer or Director

Date