2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#718652

FILED Jan 18, 2009 Secretary of State

Entity Name: NORTHEAST RAIDERS YOUTH ASSOCIATION, INC.

Current P	rincipal Place of Business:	New Principal Place of Business:
	STREET NE RSBURG, FL 33703 US	
Current M	lailing Address:	New Mailing Address:
PO BOX 1 ST. PETE	338 RSBURG, FL 33731 US	PO BOX 21432 ST. PETERSBURG, FL 33742 US
FEI Number	: 51-0194403 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
	, JOHN SAS AVE NE TERSBURG, FL 33703 US	
The above	e named entity submits this statement for the perfection of the pe	purpose of changing its registered office or registered agent, or both,
n the State	e of Florida.	purpose of changing its registered office or registered agent, or both,
The above in the State	e of Florida.	
in the State	e of Florida. * RE:	
in the State	e of Florida. RE: Electronic Signature of Registered Ag	gent Date
in the State SIGNATUI OFFICER Title: Name: Address:	e of Florida. RE: Electronic Signature of Registered Ag S AND DIRECTORS: PD () Delete KULIVIC, STEVE 4264 TARPON DR SE	pent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address:
in the State SIGNATUI OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida. RE: Electronic Signature of Registered Ag S AND DIRECTORS: PD () Delete KULIVIC, STEVE 4264 TARPON DR SE SAINT PETERSBURG, FL 33705 SD () Delete FINK, TINA 8432 DIAGONAL RD N	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:

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 MCDONALD T 01/18/2009