2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 17, 2004 8:00 am DOCUMENT # 721679 **Secretary of State** 1. Entity Name 02-17-2004 90041 047 ****61.25 PALMETTO RAIDERS YOUTH DEVELOPMENT CLUB, INC. Principal Place of Business Mailing Address 18500 SW 97TH AVENUE P.O. BOX 570771 MIAMI FL 33157-7025 P.O. BOX 570771 MIAMI FL 33157 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-6168884 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROWN, RICHARD M. Street Address (P.O. Box Number is Not Acceptable) 16225 SW 98TH CT. MIAMI FL City Zip Code 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE TITLE Change Delete ☐ Addition KNIGHT, ARTIES NAME NAME 10374 SOUTHWEST 208TH LANE STREET ADDRESS STREET ADDRESS MIAMI FL 33189 CITY-ST-ZIP CITY-ST-ZIP **Addition** TITLE Delete ☐ Change MICHELLE CLARIT WARD, SHEDDRIKA NAME 11105 SW 200 ST #301 13264 SW 255 TERR STREET ADDRESS STREET ADDRESS **MIAMI FL 33157** CITY-ST-ZIP CITY-ST-ZIP WIAMI FLORINA 33032 VΡ TITLE Delete TITLE ☐ Change Addition WARD, DARRYL PALL CLARIT NAME NAME TERR--Sw 855 11105 SW 200 ST #301 13264 STREET ADDRESS STREET ADDRESS MIAMI FL 33157 CITY-ST-ZIP CITY-ST-7IP Change Change ☐ Addition DILE □ Delete TITLE MOSS, CLARENCE NAME NAME 11420 SW 196TH ST STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition FRYER, TOM NAME NAME 8646 OLD CUTLER RD. STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE GILLARD, LEVITICUS MOSS

12. 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 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.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

11315 SOUTHWEST 226TH STREET

MIAMI FL 33170

NAME

STREET ADDRESS

CITY-ST-ZIP

11420

MIAMI

gue 196 57

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