

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

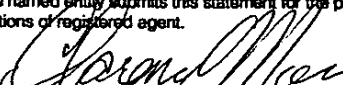
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Mar 15, 2006 8:00 am
Secretary of State

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02202006 Chg-NP CR2E037 (11/05)

DOCUMENT # 721679					
1. Entity Name PALMETTO RAIDERS YOUTH DEVELOPMENT CLUB, INC.					
Principal Place of Business 18500 SW 97TH AVENUE P.O. BOX 570771 MIAMI, FL 33157-7025			Mailing Address P.O. BOX 570771 MIAMI, FL 33157		
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 59-6168884	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BROWN, RICHARD M. 16225 SW 98TH CT. MIAMI, FL			Name Clarence Moss		
			Street Address (P.O. Box Number is Not Acceptable)		
			11420 SW 196 Street		
			City Miami		
			FL Zip Code 33157		
8. The above named entity admits 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 		Clarence Moss - President		3-12-06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	VP KNIGHT, ARTIES 10374 SOUTHWEST 208TH LANE MIAMI, FL 33189	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CLARIT, MICHELLE 13264 SW 255 TERR MIAMI, FL 33032	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARIT, CRAIG 13264 SW 255 TERR MIAMI, FL 33032	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOSS, CLARENCE 11420 SW 196TH ST MIAMI, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FRYER, TOM 8646 OLD CUTLER RD. MIAMI, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSS, LULA 11420 SW 196 ST MIAMI, FL 33157	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Williams, Tyrone 20620 SW 116 Road Miami, Florida 33189
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 life empowered.					
SIGNATURE: 		President		3-12-06 305-710-3529	
Signature and typed or printed name of signing officer or director				Date Daytime Phone #	