

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



01152007 No Chg-NP CR2E037 (4/06)

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

**MOSS, CLARENCE
11420 SW 196TH ST
MIAMI, FL 33157**

**DO NOT WRITE
IN THIS SPACE**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000591995
01/19/07-80044-019 70 00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KNIGHT, ARTIES
10374 SOUTHWEST 208TH LANE
MIAMI, FL 33189**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
CLARIT, MICHELLE
13264 SW 255 TERR
MIAMI, FL 33032**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CLARIT, CRAIG
13264 SW 255 TERR
MIAMI, FL 33032**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MOSS, CLARENCE
11420 SW 196TH ST
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FRYER, TOM
8646 OLD CUTLER RD.
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
WILLIAMS, TYRONE
20620 SW 116TH RD
MIAMI, FL 33189**

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-07 305 710 3529

Date

Daytime Phone #