

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721679

FILED  
Jan 21, 2009  
Secretary of State

**Entity Name:** PALMETTO RAIDERS YOUTH DEVELOPMENT CLUB, INC.

**Current Principal Place of Business:**

18500 SW 97TH AVENUE  
P.O. BOX 570771  
MIAMI, FL 331577025

**New Principal Place of Business:**

18500 SW 97TH AVENUE  
MIAMI, FL 331577025 US

**Current Mailing Address:**

P.O. BOX 570771  
MIAMI, FL 332570771

**New Mailing Address:**

P.O. BOX 570771  
MIAMI, FL 332570771 US

**FEI Number:** 59-6168884

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MOSS, CLARENCE  
11420 SW 196TH ST  
MIAMI, FL 33157 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: D ( ) Delete  
Name: KNIGHT, ARTIES  
Address: 10374 SOUTHWEST 208TH LANE  
City-St-Zip: MIAMI, FL 33189

Title: ST ( ) Delete  
Name: CLARIT, MICHELLE  
Address: 13264 SW 255 TERR  
City-St-Zip: MIAMI, FL 33032

Title: D ( ) Delete  
Name: CLARIT, CRAIG  
Address: 13264 SW 255 TERR  
City-St-Zip: MIAMI, FL 33032

Title: P ( ) Delete  
Name: MOSS, CLARENCE  
Address: 11420 SW 196TH ST  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: FRYER, TOM,  
Address: 8646 OLD CUTLER RD.  
City-St-Zip: MIAMI, FL

Title: VP ( ) Delete  
Name: WILLIAMS, TYRONE  
Address: 20620 SW 116TH RD  
City-St-Zip: MIAMI, FL 33189

**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:

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: CLARENCE MOSS

P

01/21/2009

Electronic Signature of Signing Officer or Director

Date