

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32321

FILED  
Jan 13, 2008  
Secretary of State

**Entity Name:** BAY AREA RAIDERS FOOTBALL ORGANIZATION, INC.

**Current Principal Place of Business:**

1106 E. HUMPHREY STREET  
TAMPA, FL 33604 US

**New Principal Place of Business:**

2903 WALLCRAFT AVENUE  
TAMPA, FL 33611 US

**Current Mailing Address:**

P.O. BOX 18643  
TAMPA, FL 33679 US

**New Mailing Address:**

**FEI Number:** 59-3046854      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

COHN, RONALD B  
TWO HARBOR PLACE, 302 KNIGHTS RUN AVENUE  
SUITE 1100  
TAMPA, FL 33602 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: PD ( ) Delete  
Name: DIAZ, DARIO  
Address: P.O. BOX 18643  
City-St-Zip: TAMPA, FL 33679 US

Title: VD ( ) Delete  
Name: BROWN, PAMELA  
Address: 1106 E. HUMPHREY STREET  
City-St-Zip: TAMPA, FL 33604

Title: TD ( ) Delete  
Name: COHN, RONALD B  
Address: 302 KNIGHTS RUN AVE, SUITE 1100  
City-St-Zip: TAMPA, FL 33602 US

**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:

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: DARIO DIAZ

PD

01/13/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date