


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90020 039 ****61.25

DOCUMENT # N02000007188

1. Entity Name
 RIVIERA BEACH FAMILY RESOURCE CENTER, INC.



Principal Place of Business
 1529 W BLUE HERON BLVD
 RIVIERA BEACH, FL 33404

Mailing Address
 4152 W BLUE HERON BLVD
 #1111
 RIVIERA BEACH, FL 33404



2. Principal Place of Business
 4152 W Blue Heron Blvd

3. Mailing Address

Suite, Apt. #, etc.
 # 1111

City & State
 RIVIERA BEACH, FL

Zip
 33404

Country
 USA

01032005 Chg-NP CR2E037 (10/03)

4. FEI Number
 54-2077233

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERGUSON, STAFFORD ED.D
 C/O ACADEMY FOR BETTER COMMUNITIES OF BARR
 Y UNIV /1529 W BLUE HERON BLVD.
 RIVIERA BEACH, FL 33404

7. Name and Address of New Registered Agent

Name
 Ferguson, Stafford ED.D.

Street Address (P.O. Box Number is Not Acceptable)
 4152 W BLUE HERON BLVD

City
 RIVIERA BEACH

FL Zip Code
 33404

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: *Stafford A. Ferguson*

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, 2005

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FERGUSON, STAFFORD ED.D 671 W 35TH ST RIVIERA BEACH, FL 33404 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FOWLER, MELVIN 2014 W 17TH CT RIVIERA BEACH, FL 33404 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BUTLER, CLEMENTINE 865 W 2ND ST RIVIERA BEACH, FL 33404 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, BOBBIE 336 W 15TH ST RIVIERA BEACH, FL 33404 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NEWBOLD, JEROLINE 1525 W 36TH ST RIVIERA BEACH, FL 33404 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSH, EDITH 1444 8TH STREET WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, JAMES 9121D SW 20th St. BOCA RATON, FL 33420 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, GENEVA 1556 W. 32nd St. RIVIERA BEACH, FL 33404 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Stafford A. Ferguson* Date: 1-11-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR