


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90082 004 ****70.00

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DOCUMENT # N02000007188					
1. Entity Name RIVIERA BEACH FAMILY RESOURCE CENTER, INC.					
Principal Place of Business 1901 BROADWAY RIVIERA BEACH, FL 33404		Mailing Address 1901 BROADWAY RIVIERA BEACH, FL 33404			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01042007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 54-2077233	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FERGUSON, STAFFORD ED.D 1901 BROADWAY RIVIERA BEACH, FL 33404			Name <u>Clementine Butler</u> Street Address (P.O. Box Number is Not Acceptable) <u>865 W 2ND Street</u> City <u>Riviera Beach</u> FL Zip Code <u>33404</u>		
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 <u>Clementine W Butler</u>		SIGNATURE <u>Clementine W. Butler</u>		DATE <u>1-16-07</u>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contributor: <input type="checkbox"/>		\$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	DP <input checked="" type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FERGUSON, STAFFORD ED.D	NAME	Barbara Williams		
STREET ADDRESS	671 W 35TH ST	STREET ADDRESS	1508 W 30th Street		
CITY-ST-ZIP	RIVIERA BEACH, FL 33404	CITY-ST-ZIP	Riviera Beach, FL 33404		
TITLE	DP <u>Vice President</u> <input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BUTLER, CLEMMENTINE	NAME	VERNELL Richardson		
STREET ADDRESS	865 W 2ND ST	STREET ADDRESS	1549 33rd Street		
CITY-ST-ZIP	RIVIERA BEACH, FL 33404	CITY-ST-ZIP	Riviera Beach, FL 33404		
TITLE	D <input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JAMES, THOMAS	NAME	GENEVA BROOKS		
STREET ADDRESS	9121D SW 20TH ST	STREET ADDRESS	1556 W. 32nd St		
CITY-ST-ZIP	BOCA RATON, FL 33428	CITY-ST-ZIP	Riviera Beach, FL 33404		
TITLE	D <input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BEAN, KELVIN	NAME	Esther Sherman		
STREET ADDRESS	915 OLD DIXIE HWY	STREET ADDRESS	P.O. Box 10713		
CITY-ST-ZIP	RIVIERA BEACH, FL 33404	CITY-ST-ZIP	Riviera Beach, FL 33404		
TITLE	ST <input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	NEWBOLD, JEROLINE	NAME	Priscilla Daniels		
STREET ADDRESS	1525 W 36TH ST	STREET ADDRESS	1483 Palm Beach Lakes Blvd		
CITY-ST-ZIP	RIVIERA BEACH, FL 33404	CITY-ST-ZIP	West Palm Beach, FL 33401		
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	BUSH, EDITH	NAME			
STREET ADDRESS	1444 8TH STREET	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP			
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: <u>Clementine W Butler</u>		SIGNATURE <u>Clementine W. Butler</u>		DATE <u>1-16-07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	