

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

421

FILED
Aug 04, 2003 8:00 am
Secretary of State

04-21-2003 90372 028 ****61.25

DOCUMENT # N02000007188



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

55053172

Principal Place of Business
**1520 W BLUE HERON BLVD
RIVIERA BEACH FL 33404**

Mailing Address
**1520 W BLUE HERON BLVD
RIVIERA BEACH FL 33404**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
4152 W. Blue Heron Blvd

City & State
Riviera Beach, FL

City & State
Riviera Beach, FL

Zip
33404

Country
U.S.A.

4. FEI Number
54-2077233

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**FERGUSON, STAFFORD E.D.
C/O ACADEMY FOR BETTER COMMUNITIES OF BARR
Y UNIV, 1520 W BLUE HERON BLVD.
RIVIERA BEACH FL 33404**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 obligation of registered agent.

SIGNATURE _____ DATE _____

Big blue, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature register when requesting)

FILE NOW: FEE IS \$61.25

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, STAFFORD E.D. 811 W 35TH ST RIVIERA BEACH FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINKLER, MELVIN 2114 W 17TH CT RIVIERA BEACH FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINKLER, CLEMENTINE 105 W 2ND ST RIVIERA BEACH FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, DOROTHY RIVIERA BEACH 35TH ST/1622 W BLUE HERON BLVD RIVIERA BEACH FL 33404 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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)(c), 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 in an attachment with an address, with all other like empowered.

SIGNATURE: **Stafford E.D. Ferguson** **3-2503**

Signature must be typed or printed name of signing officer or director

CR20037 (10/02)

Attachment



55053172

N02000007188

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 26, 2003

RIVIERA BEACH FAMILY RESOURCE CENTER, INC.
1529 W BLUE HERON BLVD
RIVIERA BEACH, FL 33404

Subject: RIVIERA BEACH FAMILY RESOURCE CENTER, INC.

Reference Number: N02000007188

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/RJ
ANNUAL REPORTS SECTION

5/13/03
Rolanda,
Please send
certified mail w/
a return signature
forward a copy to
Dr. Ferguson by FRC
TX please!