

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$156 (IF DISSOLVED, MAXIMUM AMOUNT DUE TO REINSTATE: \$395)

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 JUN 29 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N49382

(7)

1. Corporation Name

**NORTHWEST RIVIERA BEACH COMMUNITY REDEVELOPMENT
CORPORATION**

Principal Place of Business

Mailing Address

1615 31ST STREET
RIVIERA BEACH FL 33404

1615 31ST STREET
RIVIERA BEACH FL 33404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

06/16/1992

08/10/1994

4. FBI Number

65-0352491

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ **FILING FEE IS
\$61.25**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 10566

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAWRENCE, SHAWNEE
4243 NORTHLAKE BLVD.
SUITE B
PALM BEACH GARDENS FL 33410

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

MISS, WARREN A. SR.

STREET ADDRESS

1615 31ST STREET W.

CITY - ST - ZIP

RIVIERA BEACH FL 33404

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

300001528819
-07/03/95--01007--015
****155.00 ****155.00

TITLE

D

NAME

GAINEY, CHARLES

STREET ADDRESS

1208 W 28TH ST

CITY - ST - ZIP

RIVIERA BEACH FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE

T/D

NAME

GIBSON, DONALD E.

STREET ADDRESS

4111-B WOOD SEDGE CIRCLE

CITY - ST - ZIP

PALM BEACH GARDENS FL 33410

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

PID

☒ Change ☐ Addition

TITLE

T/D

NAME

Wanda Lovett-Floyd

STREET ADDRESS

2080 Ave H West

CITY - ST - ZIP

Riviera Beach FL 33404

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☒ Addition

TITLE

T/D

NAME

Cathy Auguste

STREET ADDRESS

1324 W. 31st Street

CITY - ST - ZIP

Riviera Beach FL 33404

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☒ Addition

TITLE

T/D

NAME

Cathy Auguste

STREET ADDRESS

1324 W. 31st Street

CITY - ST - ZIP

Riviera Beach FL 33404

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Donald E. Gibson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/95 407-8452218

Date

Corporate Printer