

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725629  
1. Corporation Name

**RIVIERA BEACH HOUSING CORP, INC.**

Principal Place of Business <b>2014 W. 17TH COURT RIVIERA BEACH FL 33404 5002</b>	Mailing Address <b>2014 W. 17TH COURT RIVIERA BEACH, FL 33404 5002</b>
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3. Date Incorporated or Qualified  
**02/22/1973**

4. FFI Number  
**59-1687746**

Applied For  
Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**MOYE, JESSIE L.  
507 WEST 1ST STREET  
RIVIERA BEACH FL 33404**

10. Name and Address of New Registered Agent

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D NEWTON, CALVIN</b>
STREET ADDRESS	<b>700 W 5TH ST</b>
CITY-ST-ZIP	<b>RIVIERA BEACH, FL 33404</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>SD DIXON, OWEN A</b>
STREET ADDRESS	<b>641 NW 9 CT</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33426</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>CD MOYE, JESSIE L.</b>
STREET ADDRESS	<b>507 W. 1ST STREET</b>
CITY-ST-ZIP	<b>RIVIERA BEACH, FL 33404</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D JOHNSON, JAMES</b>
STREET ADDRESS	<b>2003 W. 17TH CT #313</b>
CITY-ST-ZIP	<b>RIVIERA BEACH FL 33404</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D LYLES, RICHARD</b>
STREET ADDRESS	<b>431 W. 36TH STREET</b>
CITY-ST-ZIP	<b>RIVIERA BEACH, FL 33404</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DVC SMITH, FLOREEDA</b>
STREET ADDRESS	<b>1141 W. 3RD ST</b>
CITY-ST-ZIP	<b>RIVIERA BEACH, FL 33404</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/98

561-845-7450 x15

Date

Daytime Phone #

CR2E037 (10/97)