

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

02-28-2005 90213'040 ***61.00
N02000005404

DOCUMENT # N02000005404 1. Entity Name RIVIERA BEACH CRIME PREVENTION BOARD OF DIRECTORS, INC.					
Principal Place of Business 600 BLUE HERON BLVD. RIVIERA BEACH FL 33404			Mailing Address 245 E 25TH RIVIERA BEACH FL 33404		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number NO-T APPLICABLE			Applied For <input type="checkbox"/> 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	
AUSTIN, REV. EDGAR 1256 W. 27TH STREET RIVIERA BEACH FL 33404				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AUSTIN, REV. EDGAR		NAME		
STREET ADDRESS	1256 W. 27TH STREET		STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH FL 33404		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORBIN, JESSIE		NAME		
STREET ADDRESS	131 W. 27TH STREET		STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH FL 33404		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAVENER, VIVIAN		NAME		
STREET ADDRESS	245 E. 25TH STREET		STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH FL 33404		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRICKLAND, MILTON		NAME		
STREET ADDRESS	163 W. 24TH STREET		STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH FL 33404		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Vivian M. Havener</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			VIVIAN M HAVENER 2/22/05 561-845-8914 <small>Date Daytime Phone</small>		

FILED

05 MAR 14 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E037 (10/04)

4. FEI Number NO-T APPLICABLE Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AUSTIN, REV. EDGAR
1256 W. 27TH STREET
RIVIERA BEACH FL 33404

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 obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME AUSTIN, REV. EDGAR
STREET ADDRESS 1256 W. 27TH STREET
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DV
NAME CORBIN, JESSIE
STREET ADDRESS 131 W. 27TH STREET
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DT
NAME HAVENER, VIVIAN
STREET ADDRESS 245 E. 25TH STREET
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DS
NAME STRICKLAND, MILTON
STREET ADDRESS 163 W. 24TH STREET
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Vivian M. Havener*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VIVIAN M HAVENER
2/22/05 561-845-8914
Date Daytime Phone