

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

**FILED**  
**May 30, 2003 8:00 am**  
**Secretary of State**

4/25

04-25-2003 90144 021 \*\*\*61.25

**DOCUMENT # N02000005404**



1. Entity Name

**RIVIERA BEACH CRIME PREVENTION BOARD OF DIRECTOR  
S. INC.**

Principal Place of Business

**600 BLUE HERON BLVD.  
RIVIERA BEACH FL 33404**

Mailing Address

~~1160 ISLAND RD.  
RIVIERA BEACH FL 33404~~

**55045109**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

~~**IBARRA RACHIEL  
1160 ISLAND RD.  
RIVIERA BEACH FL 33404**~~

7. Name and Address of New Registered Agent

**REV. EDGAR AUSTIN**

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

**1256 W. 27<sup>th</sup> ST.**

City

**RIVIERA BCH**

FL

Zip Code

**33404**

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: **VIVIAN HAVENER TRES**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Vivian W. Havener*

**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

TITLE **REV EDGAR AUSTIN** ☐ Delete  
NAME **"D" 1256 W. 27<sup>th</sup> ST. PRES.**  
STREET ADDRESS  
CITY-ST-ZIP **RIVIERA BCH FL 33400**

TITLE **JESSIE CORBIN** ☐ Delete  
NAME **"D" 131 W. 27<sup>th</sup> U. PRES.**  
STREET ADDRESS  
CITY-ST-ZIP **RIVIERA BCH FL 33404**

TITLE **VIVIAN HAVENER** ☐ Delete  
NAME **"D" 245 E 25<sup>th</sup> SO. TRES.**  
STREET ADDRESS  
CITY-ST-ZIP **RIVIERA BCH FL 33404**

TITLE **MILTON STRICKLAND** ☐ Delete  
NAME **163 W. 24<sup>th</sup> SEC.**  
STREET ADDRESS  
CITY-ST-ZIP **RIVIERA BCH FL 33404**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Edgar Austin* **2-2-03**

Date

Daytime Phone #

CR2E037 (10/02)