


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-04-2004 90065 038 ****61.25

DOCUMENT # N02000007188 1. Entity Name RIVIERA BEACH FAMILY RESOURCE CENTER, INC.					
Principal Place of Business 1529 W BLUE HERON BLVD RIVIERA BEACH FL 33404			Mailing Address 4152 W BLUE HERON BLVD #1111 RIVIERA BEACH FL 33404		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 54-2077233	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FERGUSON, STAFFORD ED.D C/O ACADEMY-FOR BETTER COMMUNITIES OF BARR Y UNIV./1529 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 <div style="text-align: right;"> 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) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	DP FERGUSON, STAFFORD ED.D 671 W 35TH ST RIVIERA BEACH FL 33404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bobbie Brooks 336 W. 15th St Riviera Beach, FL 33404	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FOWLER, MELVIN 2014 W 17TH CT RIVIERA BEACH FL 33404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Jeneline Newbold 1525 W 36th St Riviera Beach, FL 33404	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BUTLER, CLEMENTINE 865 W 2ND ST RIVIERA BEACH FL 33404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Edith Bush 144 8th Street West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST JONES, DOROTHY RIVIER BCH 35TH ST/1622 W BLUE HERON BLVD RIVIERA BEACH FL 33404	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Esther Sheaman PO Box 10913 Riviera Beach, FL 33404	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bobbie Brooks 336 W. 15th 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	Jeneline Newbold 1525 W 36th St Riviera Beach, FL 33404	<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)(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: <u>Stafford A. Ferguson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-28-04 <small>Date</small>		840-1888 <small>Daytime Phone #</small>

66402045



MOORE CR2E037 (11/03)