

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90020 039 ****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 4152 W Blue Heron Blvd Suite, Apt. #, etc. # 1111 City & State RIVIERA BEACH, FL Zip 33404 Country USA			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
01032005 Chg-NP CR2E037 (10/03)					
4. FEI Number 54-2077233				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 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 <u>Ferguson, Stafford ED.D.</u> Street Address (P.O. Box Number is Not Acceptable) <u>4152 W Blue Heron Blvd</u> #1111 City <u>Riviera Beach</u> FL Zip Code <u>33404</u>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE </div> <div style="width: 60%;"> (NOTE: Registered Agent signature required when reinstating) DATE _____ </div> </div>					
Filing 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 FERGUSON, STAFFORD ED.D STREET ADDRESS 671 W 35TH ST CITY-ST-ZIP RIVIERA BEACH, FL 33404	<input type="checkbox"/> Delete	TITLE	D THOMAS, JAMES STREET ADDRESS 9121D SW 20th St. Boca Raton, FL 33428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	DV FOWLER, MELVIN STREET ADDRESS 2014 W 17TH CT CITY-ST-ZIP RIVIERA BEACH, FL 33404	<input type="checkbox"/> Delete	TITLE	D BROOKS, GENEVA STREET ADDRESS 1556 W. 32nd St. RIVIERA BEACH, FL 33404	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	DV BUTLER, CLEMENTINE STREET ADDRESS 865 W 2ND ST CITY-ST-ZIP RIVIERA BEACH, FL 33404	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D BROOKS, BOBBIE STREET ADDRESS 336 W 15TH ST CITY-ST-ZIP RIVIERA BEACH, FL 33404	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ST NEWBOLD, JEROLINE STREET ADDRESS 1525 W 36TH ST CITY-ST-ZIP RIVIERA BEACH, FL 33404	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D BUSH, EDITH STREET ADDRESS 1444 8TH STREET CITY-ST-ZIP WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete	TITLE		<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:			1-11-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		