2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2006 8:00 am Secretary of State 01-17-2006 90227 013 ****70.00

DOCUMENT # N02000007188

1. Entity Nam RIVIERA	BEACH FAMILY RESOURC	CE CENTER, INC.		01-17-2008 90227 013 *** 70.00	
Principal Place of Business 4152 W BLUE HERON BLVD 4152 W BLVD 4152					
1901 Suite, Apt.	Broad way	1901 Bro. Suite, Apt. #, etc.		01092006 Chg-NP CR2E037 (11/05)	
City & Stat		Riviera B City & State	each, F	4. FEI Number Applied For 54-2077233 Not Applied	
Zip 33	SYOY Country USA	33 Yo 4	Country S		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name					
FERGUSON, STAFFORD ED.D 4152 W BLUE-HERON BLVD 1901 Broad way #1:111 RIVIERA BEACH, FL 33404 Riviera Beach, FL RIVIERA BEACH, FL 33404 Riviera Beach, FL RIVIERA BEACH, FL 33404 Riviera Beach, FL					
RIVIERA BEACH, FL 33404 Riviera BEACL, FL RIVIERA BEACL					
5380× CITY FL 20500 × OY					
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					
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co		↓ \$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10.	OFFICERS AND DIF	····	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	tion
TITLE	FERGUSON, STAFFORD ED.D	☐ Delete	TITLE NAME	☐ Change ☐ Additi	1011
STREET ADDRESS CITY-ST-ZIP	671 W 35TH ST RIVIERA BEACH, FL 33404		STREET ADDRESS CITY-ST-ZIP		
TITLE	DV	☑ Delete	TITLE	\(\bullet \) Change \(\bullet \) Addili	tion
NAME	FOWLER, MELVIN	_ 55335	NAME	Butler, Clementine	
STREET ADDRESS CITY-ST-ZIP	2014 W 17TH CT RIVIERA BEACH, FL 33404		STREET ADDRESS CITY-ST-ZIP	Butler, Clementine 865 W. 2nd Street Riviera Beach, FL 33804	
TITLE	D	☐ Delete	TITLE	Change Additi	tion
NAME- STREET ADDRESS	JAMES, THOMAS 9121D SW 20TH ST		NAME STREET ADORESS		
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP		
TITLE	D	⊠ Delete	TITLE	D Change A Additi	lion
NAME STREET ADDRESS	BROOKS, BOBBIE		NAME Street address	BEAN RELUIT	
CITY-ST-ZIP	RIVIERA BEACH, FL 33404		CITY-ST-ZIP	BEAN, Kelvin 915 old Dixie Hishung Riviera Beach, FL 33404	
TITLE	ST ISSUED IN ISSUED	☐ Delete	TITLE	☐ Change ☐ Addit	ilon
NAME STREET ADDRESS	NEWBOLD, JEROLINE 1525 W 36TH ST		NAME STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH, FL 33404		CITY-ST-ZIP		
TITLE	D BUCH EDITH	☐ Delete	TITLE NAME	☐ Change ☐ Additi	tion
NAME STREET ADDRESS	BUSH, EDITH 1444 8TH STREET		NAME STREET ADDRESS	1	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Stafford Hi tuguso 1-9-04					
1	NOWATURE SWEET OF C	INVERTED HAME OF SIGNING OFFICER OF	D DECTOR	Date Dautima Phone #	