

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007188

FILED  
Jan 05, 2009  
Secretary of State

**Entity Name:** RIVIERA BEACH FAMILY RESOURCE CENTER, INC.

**Current Principal Place of Business:**

1901 BROADWAY  
RIVIERA BEACH, FL 33404

**New Principal Place of Business:**

**Current Mailing Address:**

1901 BROADWAY  
RIVIERA BEACH, FL 33404

**New Mailing Address:**

**FEI Number:** 54-2077233

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CLEMENTINA, BUTLER  
865 W 2ND STREET  
RIVIERA BEACH, FL 33404 US

**Name and Address of New Registered Agent:**

CLEMENTINE, BUTLER  
865 W 2ND STREET  
RIVIERA BEACH, FL 33404 US

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.

SIGNATURE: CLEMENTINE BUTLER

01/05/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WILLIAMS, BARBARA  
Address: 1508 W 30TH STREET  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: P ( ) Delete  
Name: CLEMENTINE, BUTLER  
Address: 865 W. 2ND ST  
City-St-Zip: WEST PALM BEACH, FL 33404

Title: VP ( ) Delete  
Name: JAMES, THOMAS  
Address: 9121 D SW 20TH ST  
City-St-Zip: BOCA RATON, FL 33428

Title: VP ( ) Delete  
Name: KELVIN, BEAN  
Address: 915 OLD DIANE HWY  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D ( ) Delete  
Name: BROOKS, GENEVA  
Address: 1556 W. 32ND ST.  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D ( ) Delete  
Name: BUSH, EDITH  
Address: 1444 8TH STREET  
City-St-Zip: WEST PALM BEACH, FL 33401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLEMENTINE BUTLER

P

01/05/2009

Electronic Signature of Signing Officer or Director

Date