


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

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-15-2004 90035 010 ****61.25

DOCUMENT # N03000001581 1. Entity Name RIVIERA BEACH ACADEMY CHARTER SCHOOL, INC.					
Principal Place of Business 2600 AVENUE 80 E. 30th St. RIVIERA BEACH FL 33404			Mailing Address 450 WEST 37TH STREET RIVIERA BEACH FL 33404		
2. Principal Place of Business 80 East 30th Street Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Riviera Beach, FL		City & State		4. FEI Number 01-0699403	
Zip 33404		Country Palm Beach		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEWIS, DIANE 450 WEST 37TH STREET RIVIERA BEACH FL 33419				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	P KENNEDY, HELEN M 241 SW 28TH TERRACE FT. LAUDERDALE FL 33312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARCELLE, NORBERT S DR. 1600 39TH STREET WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NORTHERN, TRAVELLE PO BOX 9475 RIVIERA BEACH FL 33404	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOWERS, SHARON 5830 RAMBLER ROSE WAY WEST PALM BEACH FL 33415	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMPSON, VENESIA M 220 SE 2ND AVENUE #610 FT. LAUDERDALE FL 33301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Dr. Lenora Davis 3726 Savoy Lane, Suite C-2 West Palm Beach, FL 33417	<input type="checkbox"/> Change <input checked="" 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><i>Diane Lewis</i></u> 3/8/2004 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					