2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49382

FILED Apr 29, 2004 Secretary of State

Entity Name: NORTHWEST RIVIERA BEACH COMMUNITY REDEVELOPMENT CORPORATION

	rincipal Place of		New Fillicipal Fla	New Principal Place of Business:	
2001 BRO SUITE 501 RIVIERA E		4 US			
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
P.O. BOX RIVIERA E	10566 BEACH, FL 33419)			
FEI Number	: 65-0352491	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of Cur	rent Registered Agent:	Name and Address	s of New Registered Agent:	
1010 W 41	CE, SHAWNEE IH STREET BEACH, FL 33404	4 US			
	named entity sub e of Florida.	omits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,	
SIGNATUI					
	Electronic	Signature of Registered Age	ent	Date	
OFFICER	S AND DIRECTO	PRS:	ADDITIONS/CHAN	IGES TO OFFICERS AND DIRECTOR	
Fitle: Name: Address: City-St-Zip:	CD () De GAINEY, CHARLE: 1208 W 28TH ST RIVIERA BEACH, I	S	Title: Name: Address: City-St-Zip:	() Change () Addition	
		Joto	T'0	() Change () Addition	
√ame: √ddress:	TD () De LOVETT-FLOYD, \ 2080 AVE. H. WES RIVIERA BEACH, I	VANDA ST	Title: Name: Address: City-St-Zip:	() onlings () / duliton	
Name: Address: City-St-Zip: Fitle: Name: Address:	LOVETT-FLOYD, V 2080 AVE. H. WES	VANDA ST FL 33404 elete REET	Name: Address:	() Change () Addition	
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Colty-St-Zip: Address: Dity-St-Zip:	LOVETT-FLOYD, V 2080 AVE. H. WES RIVIERA BEACH, I D () De LOVETT, SANDRA 1364 W. 28TH STE	VANDA ET FL 33404 elete REET FL 33404 elete NE DR	Name: Address: City-St-Zip: Title: Name: Address:		
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	LOVETT-FLOYD, V 2080 AVE. H. WES RIVIERA BEACH, I D () De LOVETT, SANDRA 1364 W. 28TH STF RIVIERA BEACH, I T () De RUSSELL, DARLE 1808 PINEHURST	VANDA ST FL 33404 elete REET FL 33404 elete NE DR FL	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHARLES N GAINEY CD 04/29/2004