2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N49382

1. Entity Name

NORTHWEST RIVIERA BEACH COMMUNITY REDEVELOPMENT CORPORATION



FILED Jan 24, 2007 08:00 A Secretary of State

Principal Place of Business

2001 BROADWAY

SUITE 510 RIVIERA BEACH, FL 33404 Mailing Address

P.O. BOX 10566

RIVIERA BEACH, FL 33419



01042007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-0352491 Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

Davilma Phone #

6. Name and Address of Current Registered Agent

PLUMMER, CHRISTOPHER 126 SUNFLOWER CIRCLE WEST PALM BEACH, FL 33411

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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 the if applicable (NOTE, Registered Agent signature required when reinstating) DATE					
	Filing Fee is \$61.25 Due by May 1, 2007	 Election Campaign Financ Trust Fund Contribution. 	oing 🔲	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEARS, NATHAN 302 W 32ND ST RIVIEA BEACH, FL 33404			p is supply as 'e	· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROOKS, LASHEA 1349 W 35TH ST RIVIERA BEACH, FL 33404				U00000602419 01/26/07-80090-005 70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GADSON, WANDA 145 NW. 10TH AVE DELRAY BEACH, FL 33444	·		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, GENEVA 1556 WEST 32ND STREET RIVIERA BEACH, FL 33404			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURRS, WILLIAMS 1500 W 30TH ST WEST PALM BEACH, FL 33404				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAIN, ESMERILDA 2915 R AVE RIVIERA BEACH, FL 33404				
12. I hereby certify that the information supplied with this filling 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.					

TED NAME OF SIGNING OFFICER OR DIRECTOR