## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** 



FLORIDA DEPARTMENT OF STATE

## **FILED** Feb 03 1998 8:00am Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS

1990 Division of Soft Still flows					Secretary of State
DOCUMENT # N9600006285 (8)					
RIVIERA COMMUNITY DEVELOPMENT OUTREACH PROGRAM, INC.  Principal Place of Business Mailing Address					
1417 10TH ST W RIVIERA BEACH FL 33407 RIVIERA BEACH FL 33407					3. Date Incorporated or Qualified  12/09/1996  4. FEI Number 3/-/4969 73 Applied For
					APPLIED FOR Not Applicable
Principal Place of Business     28. Mailing Addre     21		2a. Mailing Address 26			5. Certificate of Status Desired S8.75 Additional Fee Required
Suite, Apt. #, etc. Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be
22 27					Trust Fund Contribution Added to Fees
23 City & Stat	City & State City & State				7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid the current year intangible
24	25	29	30		Personal Property Tax due June 30. 🔲 Yes 🔲 No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
			81	Name	
HERRING, MERRY				Street A	ddress (P.O. Box Number is Not Acceptable)
1417 10TH ST W RIVIERA BEACH FL 33407				3	
THE DEFICITE COTO				City	<b>■■ 85</b> Zip Code
				7	<b>FL</b>
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE .					
12,	Signature, typed or printed name of registered ager OFFICERS AND		E: Registered Ac	ent signature re	equired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP OFFICE IS ARE	DELETE	1.1 TITLE		Change Addition
NAME	HERRING, MERRY		1.2 NAME		_ , _
STREET ADDRESS	1417 10TH ST W		1.3 STREET ADDRESS		
City-St-Zip	RIVIERA BEACH FL 33407		1.4 CITY-	ST-ZIP	
TITLE	DS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HERRING, BRUCE		2.2 NAME		
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP TITLE	RIVIERA BEACH FL 33407 DT	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	WILSON, JAMES		3.2 NAME		
STREET ADDRESS	1			T ADDRESS	
CITY-ST-ZIP	11		3.4. CITY-		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4, 2 NAME	.	
STREET ADDRESS			4.3 STREE	T ADDRESS	
CITY-ST-ZIP		- Determine	4.4 CITY-	ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE		L Change L Addition
NAME STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.4 CITY-5	T ADDRESS	
TITLE		☐ DELETE	6.1 TITLE	ET - AIF	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP			6.4 CITY-5		
14 I harahy a	cartiful that the information eupolised with	th this filling does not qualify fo	or the evern	stion etated	in Section 119 07/3/i) Florida Statutos I further certifu that the information

I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turner certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.