

FILE NOW: FILING FEE IS \$61.25

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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northing Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003254 (6)**

1. Corporation Name

RHEBA BOONE JOHNSON LAKESIDE ACADEMY CHRISTIAN EDUCATION CENTER, INC.

Principal Place of Business

Mailing Address

**130 EAST 20TH STREET
RIVIERA BEACH FL 33404**

**130 EAST 20TH STREET
RIVIERA BEACH FL 33404**

3. Date Incorporated or Qualified

06/05/1997

4. FEI Number

31-1505523

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

Country

28
Zip

Country

24

25

29

30

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, RHEBA B
130 EAST 20TH STREET
RIVIERA BEACH FL 33404**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	CEA - Chairman of board <input type="checkbox"/> DELETE
NAME	Rheba Boone Johnson
STREET ADDRESS	1300 W. 32nd St.
CITY-ST-ZIP	Riviera Beach, FL 33404
TITLE	CORNELIUS GREEN JR. <input type="checkbox"/> DELETE
NAME	430 W 25th St.
STREET ADDRESS	Riviera Beach, FL 33404
CITY-ST-ZIP	Member of board
TITLE	BETTY MOORE <input type="checkbox"/> DELETE
NAME	4950 NW 11 FL.
STREET ADDRESS	LAUDERHILL, FL 33311
CITY-ST-ZIP	Member of board
TITLE	ROX DORSEY T. <input type="checkbox"/> DELETE
NAME	105 4th St.
STREET ADDRESS	LAKE PARK, FL
CITY-ST-ZIP	Member of board
TITLE	LILIAN FILER T. <input type="checkbox"/> DELETE
NAME	802 GREENWOOD AVE
STREET ADDRESS	W. PALM BEACH, FL
CITY-ST-ZIP	Member of board
TITLE	LOUIS GRITMAN T. <input type="checkbox"/> DELETE
NAME	1471 FOLSON RD
STREET ADDRESS	LOXAHATCHEE, FL
CITY-ST-ZIP	Member of board

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 or changed or on an attachment with an address.

SIGNATURE: **Rheba B. Johnson** **2-24-98** **561**
848-9040

CR2E037 (10/97)