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

## Jan 26, 2004 8:00 am DOCUMENT # N97000003254 **Secretary of State** £ 14 1. Entity Name 01-26-2004 90001 012 \*\*\*\*70.00 RHEBA BOONE JOHNSON LAKESIDE ACADEMY CHRISTIAN EDUCATION CENTER, INC. Principal Place of Business Mailing Address 130 EAST 20TH STREET 130 EAST 20TH STREET RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 2. Principal Place of Business 3. Mailing Address 1.30 E. 20Th STREET 30 E. 20Th Suite, Apt. #, etć. Suite, Apt. #, etc MOORE CR2E037 (11/03) 4. FEI Number Applied For City & State City & State 31-1505523 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name JOHNSON, RHEBA B Street Address (P.O. Box Number is Not Acceptable) 130 EAST 20TH STREET RIVIERA BEACH FL 33404 City Zip Code of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the purpose the obligations of redistered agent. HEBA BOONE SOHNSON SIGNATURE agent and little if appli (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. CEOD RHERA BOONE JOHNSON, CEOD & Change Delete TITLE TITLE JOHNSON, RHEBA B NAME 338 E. ILEX DRIVE 1000 W 32ND ST STREET ADDRESS STREET ADDRESS RIVIERA BCH FL 33404 AKE PARK, FL 33403 CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete TITLE Change Addition CLARK, KAFFIER DR NAME MAME 612 DATE PALM DR. STREET ADDRESS STREET ADDRESS RIVIERRA BCH FL 33404 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition WILSON, CHÁRLIE NAME ' NAME 525 W. 25 STREET STREET ADDRESS STREET ADDRESS RIVIERA BEACH FL 33404 CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F TITLE ☐ Delete FERRAZ-GRAHAM, MARA NAME NAME 1471 FOLSOM RD STREET ADDRESS STREET ADDRESS LOXAHATCHEE FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE FILER, LILLIAN NAME NAME 802 GREEN WOOD AVE STREET ADDRESS STREET ADDRESS W PALM BCH FL CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE GRAHAM, LOUIS NAME NAME 1471 FOLSOM RD STREET ADDRESS STREET ADDRESS LOXAHATCHEE FL CITY-ST-7IP CITY-ST-ZIP thereby certify that the information supplied with this filling 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 accusate 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 trustely empowered to execute this epopt 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. 12. I hereby certify that the information supplied with this filling

RHEBA BOONE C

FILED