

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90021 011 \*\*\*\*70.00

**DOCUMENT # N97000003254**

1. Entity Name

**RHEBA BOONE JOHNSON LAKESIDE ACADEMY FAMILY  
RESOURCE CENTER, INC.**



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**31-1505523**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 board member

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CEO** ☐ Delete  
NAME **JOHNSON, RHEBA B**  
STREET ADDRESS **338 E. ILEX DRIVE**  
CITY-ST-ZIP **LAKE PARK FL 33403**

TITLE **M** ☒ Delete  
NAME **CLARK, KAFFIE R DR**  
STREET ADDRESS **612 DATE PALM DR.**  
CITY-ST-ZIP **RIVIERA BCH FL 33404**

TITLE **M** ☐ Delete  
NAME **WILSON, CHARLIE**  
STREET ADDRESS **525 W. 25 STREET**  
CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE **T** ☒ Delete  
NAME **FERRAZ-GRAHAM, MARA**  
STREET ADDRESS **1471 FOLSOM RD**  
CITY-ST-ZIP **LOXAHATCHEE FL**

TITLE **T** ☒ Delete  
NAME **FILER, LILLIAN**  
STREET ADDRESS **802 GREEN WOOD AVE**  
CITY-ST-ZIP **W PALM BCH FL**

TITLE **T** ☒ Delete  
NAME **GRAHAM, LOUIS**  
STREET ADDRESS **1471 FOLSOM RD**  
CITY-ST-ZIP **LOXAHATCHEE FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **M** ☒ Change ☐ Addition  
NAME **TAMMY JAMES**  
STREET ADDRESS **5047 NORTHERN LIGHTS DRIVE**  
CITY-ST-ZIP **GREEN ACRES, FL 33463**

TITLE **T** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☒ Change ☐ Addition  
NAME **FREDERICK JAMES**  
STREET ADDRESS **5047 NORTHERN LIGHTS DRIVE**  
CITY-ST-ZIP **GREEN ACRES, FL 33463**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☒ Change ☐ Addition  
NAME **TAIBB S. CLARK**  
STREET ADDRESS **338 E. ILEX DRIVE**  
CITY-ST-ZIP **LAKE PARK, FL 33403**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

**RHEBA B. JOHNSON** 561-848-9040  
561-389-1655