2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# N97000003254

Entity Name: RHEBA BOONE JOHNSON LAKESIDE ACADEMY FAMILY RESOURCE CENTER, INC.

Current Principal Place of Business:

4401 GARDEN AE.
WEST PALM BEACH, FL 33405

New Principal Place of Business:

Current Mailing Address:

4401 GARDEN AE.
WEST PALM BEACH, FL 33405

New Mailing Address:

FEI Number: 31-1505523 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, RHEBA B
4401 GARDEN AVE.
WEST PALM BEACH, FL 33405 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CEOD ( ) Delete
Name: JOHNSON, RHEBA B
Address: 338 E. ILEX DRIVE
City-St-Zip: LAKE PARK, FL 33403

Title: M ( ) Delete
Name: JAMES, TAMMY
Address: 5047 NORTHERN LIGHTS DR
City-St-Zip: LAKE WORTH, FL 33463

Title: M ( ) Delete
Name: WILSON, CHARLIE
Address: 525 W. 25 STREET
City-St-Zip: RIVIERA BEACH, FL 33404

Title: T ( ) Delete
Name: JAMES, FREDERICK
Address: 5047 NORTHERN LIGHTS DR
City-St-Zip: GREEN ACRES, FL 33463

Title: T ( ) Delete
Name: FILER, LILLIAN
Address: 802 3RD ST
City-St-Zip: LAKE PARK, FL 33403

Title: T ( ) Delete
Name: CLARK, ABB S
Address: 338 E ILES DR
City-St-Zip: LAKE PARK, FL 33403

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: M (X) Change ( ) Addition
Name: HAILES, VANESTHER
Address: 455 CHEERFUL CT #105
City-St-Zip: WEST PALM BACH, FL 33407

Title: M (X) Change ( ) Addition
Name: WILSON, CHARLIE
Address: 501 W. 25 STREET
City-St-Zip: RIVIERA BEACH, FL 33404

Title: T (X) Change ( ) Addition
Name: WILSON, ANNA
Address: 501 W. 25TH ST
City-St-Zip: RIVIERA BEACH, FL 33404

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. RHEBA B. JOHNSON CEO 02/12/2009
Electronic Signature of Signing Officer or Director — Date