

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90082 022 ****70.00

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1. Entity Name

**RHEBA BOONE JOHNSON LAKESIDE ACADEMY CHRISTIAN E
EDUCATION 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

4. FEI Number **31-1505523**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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 title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEOD
JOHNSON, RHEBA B
1300 W 32ND ST
RIVIERA BCH FL 33404** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
GREEN, CORNELIUS
430 W 25TH ST
RIVIERA BCH FL 33404** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
CHARLIE WILSON, SR
525 W 25TH ST
RIVIERA BEACH, FL 33404** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
GREEN, CHALMA
430 W 25TH ST
RIVIERA BEACH FL 33404** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
DR. KAFFIE R. CLARK
642 DATE PALM DR
LAKE PARK, FL 33404** ☐ Change ☒ Addition

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

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

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

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

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

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

12. 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 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

**1-16-03 (561)
848-2440**

CR2E037 (10/02)