**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jun 12, 2018**
**Secretary of State**
**CC0596863682**

DOCUMENT# N11000004783

**Entity Name:** RIVIERA BEACH COMMUNITY OUTREACH, INC.

**Current Principal Place of Business:**

1144 W. 6TH ST
RIVIERA BEACH, FL 33404

**Current Mailing Address:**

PO BOX 10823
RIVIERA BEACH, FL 33419-0823

**FEI Number: 30-0686477**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PEMBAMOTO, BARBARA E
618 THIRD STREET
LAKE PARK, FL 33403-3405 US

*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

**Officer/Director Detail :**

| | |
|---|---|
| Title | CHAIRMAN |
| Name | GILLINS, LESLEY MARIE |
| Address | 1054 BRAINWAY |
| City-State-Zip: | WEST PALM BEACH FL 33417 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | NEIDOFF, PHILIP |
| Address | 134 TRANQUILLA DR |
| City-State-Zip: | PALM BEACH GARDENS FL 33418 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | GARCIA, CARMEN |
| Address | 3775 TORRES CIRCLE |
| City-State-Zip: | WEST PALM BEACH FL 33409 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | SMITH, CHANTRES |
| Address | P. O. BOX 19823 |
| City-State-Zip: | RIVIERA BEACH FL 33419 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | DIAMOND, DAVID NATHAN |
| Address | 116 VIA CAPRI |
| City-State-Zip: | PALM BEACH GARDENS FL 33418 |

| | |
|---|---|
| Title | TREASURER |
| Name | PEMBAMOTO, BARBARA E |
| Address | 618 3RD STREET |
| City-State-Zip: | LAKE PARK FL 33403 |

| | |
|---|---|
| Title | SECRETARY |
| Name | IRVING, MARTHA |
| Address | 1214 LACAYA DR. |
| City-State-Zip: | RIVIERA BEACH FL 33404 |

*I hereby 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 all other like empowered.*

SIGNATURE: BARBARA E PEMBAMOTO TREASURER 06/12/2018

Electronic Signature of Signing Officer/Director Detail — Date