

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000003254

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

**FILED**  
**Jan 27, 2014**  
**Secretary of State**  
**CC5203257458**

**Current Principal Place of Business:**

338 E ILEX DR  
LAKE PARK, FL 33403

**Current Mailing Address:**

338 E ILEX DR  
LAKE PARK, FL 33403

**FEI Number: 31-1505523**

**Certificate of Status Desired: Yes**

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

JOHNSON, RHEBA B  
338 E ILEX DR  
LAKE PARK, FL 33403 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 CEO  
Name JOHNSON, RHEBA B  
Address 338 E. ILEX DRIVE  
City-State-Zip: LAKE PARK FL 33403  
  
Title M  
Name CRITTENDEN, MELTON  
Address 112 TIMBERRUN WEST  
City-State-Zip: RIVIERA BEACH FL 33404

Title S  
Name WILSON, ANNA  
Address 501 W. 25TH STREET  
City-State-Zip: RIVIERA BEACH FL 33404  
  
Title M  
Name FILER, LILLIAN  
Address 802 3RD ST  
City-State-Zip: LAKE PARK FL 33403

*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: RHEBA B. JOHNSON**

**CEO**

**01/27/2014**

Electronic Signature of Signing Officer/Director Detail

Date