2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005
Secretary of State

DOCUMENT# N04000002165

Entity Name: SHERWOOD FOREST FRONT PORCH, INC.

Current Principal Place of Business:

9619 SPOTTSWOOD ROAD E
JACKSONVILLE, FL 32208

New Principal Place of Business:

P O BOX 43232
JACKSONVILLE, FL 32203

Current Mailing Address:

9619 SPOTTSWOOD ROAD E
JACKSONVILLE, FL 32208

New Mailing Address:

P O BOX 43232
JACKSONVILLE, FL 32203

FEI Number: 55-0860194 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMS, ROWLAND V
1125-1 CESERY BLVD
JACKSONVILLE, FL 32211 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: C ( ) Delete
Name: HARPER, HARVEY
Address: PO BOX 43232
City-St-Zip: JACKSONVILLE, FL 32203

Title: VC ( ) Delete
Name: MIKELL, ALTHEA
Address: 9723 SPOTTSWOOD RD EAST
City-St-Zip: JACKSONVILLE, FL 32208

Title: DS ( ) Delete
Name: LEWIS, JEAN
Address: 9356 NORFOLK BLVD
City-St-Zip: JACKSONVILLE, FL 32208

Title: D ( ) Delete
Name: WILCOX, MARGARET
Address: 5019 ROANOKE BLVD
City-St-Zip: JACKSONVILLE, FL 32208

Title: D ( ) Delete
Name: JOYNER-MONTGOMERY, KAREN R
Address: 9619 SPOTTSWOOD ROAD E
City-St-Zip: JACKSONVILLE, FL 32208

Title: T ( ) Delete
Name: DEMERY, EUGENE
Address: 5219 ARROWSMITH RD
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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 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: HARVEY HARPER VPCD 05/04/2005

Electronic Signature of Signing Officer or Director — Date