

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

DOCUMENT# N04000002165

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC6182518675**

**Entity Name:** SHERWOOD FOREST FRONT PORCH, INC.

**Current Principal Place of Business:**

8905 CASTLE BLVD  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

P.O. BOX 2208  
JACKSONVILLE, FL 32203 US

**FEI Number: 55-0860194**

**Certificate of Status Desired: Yes**

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

JONES, GERALD P  
2039 SOUTEL DR  
JACKSONVILLE, FL 32208 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 CHM  
Name HARPER, HARVEY  
Address 9628 PRIORY AVE.  
City-State-Zip: JACKSONVILLE FL 32208

Title DIR  
Name STOKES, GILBERT  
Address 8905 CASTLE BLVD  
City-State-Zip: JACKSONVILLE FL 32208

Title VCHM  
Name TELFAIR, JOANN  
Address 4646 FREDERICKSBURG AVENUE  
City-State-Zip: JACKSONVILLE FL 32208

Title TRE  
Name GARDNER, OSSIE  
Address 4821 DALLEN LEA DRIVE  
City-State-Zip: JACKSONVILLE FL 32208

Title SEC  
Name SMITH, LILLIAN  
Address 9013 CASTLE BLVD  
City-State-Zip: JACKSONVILLE FL 32208

*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: GILBERT STOKES**

**DIRECTOR**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date