

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 31 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **762263** (2)  
1. Corporation Name  
**PORCH PEOPLE SOCIAL CLUB, INC.**



Principal Place of Business <b>2700 6TH STR SO ST. PETERSBURG FL 33705 US</b>	Mailing Address <b>2700 6TH ST. ST ST. PETERBURG FL 33705 US</b>
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3. Date Incorporated or Qualified <b>03/03/1982</b>		
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent <b>PARHAM, JUANITA 2700 6TH ST SO ST. PETERSBURG FL 33705</b>	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code
	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Juanita Parham  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARHAM, JUANITA</b>	1.2 NAME	
STREET ADDRESS	<b>2700 6ST. SO.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33705</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIS, RUBY</b>	2.2 NAME	
STREET ADDRESS	<b>16138 15TH ST. SOUTH</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SHORTER, ALETHA</b>	3.2 NAME	<b>S D</b>
STREET ADDRESS	<b>1748 41 ST S</b>	3.3 STREET ADDRESS	<b>AVI's Yellis</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL 33711</b>	3.4 CITY-ST-ZIP	<b>653 W Ave South</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOONE, SUSIE</b>	4.2 NAME	<b>ST PETERSBURG FLA</b>
STREET ADDRESS	<b>821 19TH AVE S</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG, FL 00000</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTIN, RUBY</b>	5.2 NAME	
STREET ADDRESS	<b>338 26ST SO.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG, FL 00000 FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLARK, EDITH</b>	6.2 NAME	
STREET ADDRESS	<b>1818 16ST. SO.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG, FL 00000 FL</b>	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Juanita Parham 3, 16, 98 (813) 8220833

CR2E037 (10/97)