

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000140

FILED  
May 01, 2005  
Secretary of State

Entity Name: WEST PALM BEACH FRONT PORCH, INC.

**Current Principal Place of Business:**

517 25TH STREET  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

517 25TH STREET  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

FEI Number: 65-1137904      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:**

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

WILLIAMS, CONI  
517 25TH STREET  
WEST PALM BEACH, FL 33407      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

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: HORTON, EDWARD  
Address: 1919 SPRUCE  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D ( ) Delete  
Name: PIERRE, AUDILIEN  
Address: 737 41ST STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D ( ) Delete  
Name: MOORE, ALICE E  
Address: 801 8TH STREET  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: SMITH, DENISE  
Address: 624 43RD STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition  
Name: SMITH, LINDA  
Address: 517 25TH STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D (X) Change ( ) Addition  
Name: TISDALE, NORETTA  
Address: 517 25TH STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

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

Title: D (X) Change ( ) Addition  
Name: BROOKS, VIVIAN  
Address: 517 25TH STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

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: CONI WILLIAMS

MS.

05/01/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date