


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 23, 2008 8:00 am
Secretary of State

05-01-2008 90192 044 ****61.25

DOCUMENT # N01000000140	
1. Entity Name WEST PALM BEACH FRONT PORCH, INC.	

Principal Place of Business 617 25TH STREET WEST PALM BEACH, FL 33407	Mailing Address 617 25TH STREET WEST PALM BEACH, FL 33407
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DO NOT WRITE IN THIS SPACE

66015537



04142008 No Chg-NP CR2E037 (4/08)

4. FEI Number 65-1137904	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TISDALE, NORETTA 617 25TH STREET WEST PALM BEACH, FL 33407
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Noretta Tisdale</i> <small>Signature of the registered agent or the person authorized to change the registered agent or both.</small>	DATE <i>Board Chair</i> <small>NOTE: Registered Agent Signature required when the status is changed.</small>

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE S	NAME SMITH, LINDA
STREET ADDRESS 617 25TH STREET	CITY-STATE-ZIP WEST PALM BEACH, FL 33407
TITLE D	NAME TISDALE, NORETTA
STREET ADDRESS 617 25TH STREET	CITY-STATE-ZIP WEST PALM BEACH, FL 33407
TITLE D	NAME MOORE, ALICE E
STREET ADDRESS 801 8TH STREET	CITY-STATE-ZIP WEST PALM BEACH, FL 33401
TITLE D	NAME BROOKS, VIVIAN
STREET ADDRESS 617 25TH STREET	CITY-STATE-ZIP WEST PALM BEACH, FL 33407
TITLE D	NAME KERR, DEBORA
STREET ADDRESS 617 25TH STREET	CITY-STATE-ZIP WEST PALM BEACH, FL 33407
TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Noretta Tisdale*