

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90088 001 ****61.25

DOCUMENT # NO1000000140

1. Entity Name

WEST PALM BEACH FRONT PORCH, INC.



Principal Place of Business

**428 NORTHWOOD ROAD
SUITE E-4
WEST PALM BEACH FL 33407**

Mailing Address

**428 NORTHWOOD ROAD
SUITE E-4
WEST PALM BEACH FL 33407**

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1137904**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, CONI
428 NORTHWOOD ROAD
SUITE E-4
WEST PALM BEACH FL 33407**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Coni Williams, Community Liaison

1/15/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	S	HORTON, EDWARD	1919 SPRUCE	WEST PALM BEACH FL 33407	<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	SD	WILLIAMS, GLORIA	428 NORTHWOOD ROAD, SUITE E-4	WEST PALM BEACH FL 33407	<input checked="" type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	PIERRE, AUDILIEN	737 41ST STREET	WEST PALM BEACH FL 33407	<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	MOORE, ALICE E	801 8TH STREET	WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	SMITH, DENISE	624 43RD STREET	WEST PALM BEACH FL 33407	<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. 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 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:

Coni Williams

1/15/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)