

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90065 026 \*\*\*\*70.00

0041702

**DOCUMENT # N01000005729**

1. Entity Name

**FRONT PORCH FLORIDA GOVERNOR'S COMMUNITY REVITAL  
IZATION COUNCIL FOR GREATER SOUTH CENTRAL NEIGHB**

Principal Place of Business

Mailing Address

1523 16TH ST. SOUTH  
ST. PETERSBURG FL 33705

1523 16TH ST. SOUTH  
ST. PETERSBURG FL 33705

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-3739200

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WELCH, DAVID**  
**1601 16TH ST. SOUTH**  
**ST. PETERSBURG FL 33705**

Name **Martin Rainey**

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

**3901 39th Street South**

City **ST. PETERSBURG**

FL Zip Code **33711**

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.

SIGNATURE

*Martin Rainey*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/4/2002**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete  
NAME **WELCH, DAVID**  
STREET ADDRESS **1601 16TH ST. SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33705**

TITLE **D** ☐ Delete  
NAME **FILLYAU, ERNEST**  
STREET ADDRESS **2366 7TH AVE. SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE **D** ☐ Delete  
NAME **COVINGTON, LEIGH**  
STREET ADDRESS **1616 21ST. ST. SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE **D** ☐ Delete  
NAME **DENNARD, MARVA**  
STREET ADDRESS **2326 MELROSE AVE. SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE **D** ☐ Delete  
NAME **ROBERTS, LAVERNE**  
STREET ADDRESS **6708 CANTON ST. SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE **D** ☐ Delete  
NAME **MUDADA, KIAMBU**  
STREET ADDRESS **1085 16TH AVE. SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33705**

TITLE **Chairperson** ☐ Change ☒ Addition  
NAME **Martin Rainey**  
STREET ADDRESS **3901 39th ST. South**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33711**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ 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:

*Martin Rainey* **MARTIN RAINNEY**

**4/4/2002 898-7315**

CR2E037 (9/01)