

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90301 020 ****70.00

DOCUMENT # N01000005729

1. Entity Name
**FRONT PORCH FLORIDA GOVERNOR'S COMMUNITY
REVITALIZATION COUNCIL FOR GREATER SOUTH
CENTRAL NEIGHB**



Principal Place of Business
**1523 16TH ST. SOUTH
ST. PETERSBURG, FL 33705**

Mailing Address
**1523 16TH ST. SOUTH
ST. PETERSBURG, FL 33705**

2. Principal Place of Business
2900-1st Ave. So

3. Mailing Address
3901-39th St. So

Suite, Apt. #, etc.
St. Petersburg, FL

Suite, Apt. #, etc.

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

Zip
33712

Country
USA

Zip
33711

Country
USA

04082004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3739200

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RAINEY, MARTIN
3901 39TH ST S
SAINT PETERSBURG, FL 33711**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
RAINEY, MARTIN
3901 39TH ST S
SAINT PETERSBURG, FL 33711** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCP
KIAMBU, MUDEDA
1085 16TH AVE S
SAINT PETERSBURG, FL 33705** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DRS
AHMED GAMMAGE, ALLENE
711 19TH ST S
ST. PETERSBURG, FL 33712** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCS
KEWIS, BARBARA
2234 16TH AVE S
ST. PETERSBURG, FL 33712** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
WELCH, DAVID
1601 16TH ST S
SAINT PETERSBURG, FL 33705** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
WEST, JAMES
1923 9TH ST S
ST. PETERSBURG, FL 33705** ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CASSANDRA JACKSON/TO
1657-27th Ave. So.
St. Petersburg, FL 33712** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DORILYN BOYKINS/bcs
2221-14th Ave. So.
St. Petersburg, FL 33712** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SHABAZZ ROGERS
500-60th Ave. So
St Petersburg, FL 33705** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
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

4/08/04 727/866-2589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #