2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N01000005729

1. Entity Name FRONT PORCH FLORIDA GOVERNOR'S COMMUNITY



Apr 12, 2004 8:00 am Secretary of State 04-12-2004 90301 020 ****70.00

FILED

Supervised Business	REVITALIZATION COUNCIL FOR GREATER SOUTH CENTRAL NEIGHB													
Suit, Apt. Fig. Suit, Apt.	1523 16TH ST. SOUTH 1523 16TH ST. SOUTH								((01 (10) SI FOIL		9404	9181		
SCH A State Sch A				3. Maili	Mailing Address 3901-39th St. So									
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I sm familiar with, and accept the obligations of eightered agent. SIGNATURE Signam, fysicle primed award inquised spart and stof accidable Pee Required Name City FL Zip Code Florida Department of State Addedo Fees Florida Department of State Addedo Fees Florida Department of State Addedo Corresting City State City	1///			- 411					4. FEI Number 59-373920	00		No	t Applicable	
RAINEY, MARTIN 3901 39TH ST S SAINT PETERSBURG, FL 33711 City FL Zip Code 6. 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida Department of State of Florida D	337	33712 45A		337//					<u> </u>		- F	ee Required		
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. 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 Symmetry hyperity prefer forms of registered agent and titled applicables (NOTE: Registered Agent symular separation mercatology) EATE Filling Fee is \$61.25 Due by May 1, 2004 S. Election Campaign Financing S.5.00 May Be Added to Fees Florida Department of State														
B. 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, typic or printed name of registered agent and their explication. OFFICERS AND DIRECTIONS 10. OFFICERS AND DIRECTIONS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS IN 10 TITLE OFFICERS AND DIRECTIONS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS IN 10 TITLE NAME SIRET ADDRESS OTH -51-2P TITLE NAME SIRET ADDRESS SAINT PETERSBURG, FL 33712 TITLE DCS NAME SIRET ADDRESS ST. PETERSBURG, FL 33712 TITLE NAME STRET ADDRESS ST. PETERSBURG, FL 33705 TITLE ST. PETERSBURG, FL 33705 TITLE NAME STRET ADDRESS ST. PETERSBURG, FL 33705	3901 39TH ST S													
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Signature, types for printed name of implaced agent and tele of expectations Charge Filling Fee is \$61.25	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													
Trust Fund Contribution. Added to Fees Florida Department of State														
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CITY-ST-ZIP ST. PETERSBURG, FL 33705 CITY-ST-ZIP	NAME	WEST, JAMES			Delete	NAM	ΙE		· · · · · ·			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	CITY-ST-ZIP	ST. PETE	RSBURG, FL 33705	this filing	dose not quality for	CITY	-ST-ZIP	ated in Se	ection 119 07/3Vi)	Florida Statutee	I further cod	tify that the i	ntormation	

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 objective empowered.