## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000008061

FILED Apr 30, 2007 Secretary of State

Entity Name: HOLDEN HEIGHTS FRONT PORCH FLORIDA REVITALIZATION COUNCIL, INC.

Current Principal Place of Business: New Principal Place of Business:

1416 L B MCLEOD RD ORLANDO, FL 32805

Current Mailing Address: New Mailing Address:

1416 L B MCLEOD RD ORLANDO, FL 32805

FEI Number: 59-3751850 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HENDERSON, LOUIS JR

1416 W. 30TH STREET

4212 SOUTH RIO GRANDE AVENUE

ORLANDO, FL 32805 US #108 32839, FL 32805 US

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: JOHNIE MAE WILSON 04/30/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD () Delete Title: CD (X) Change () Addition
Name: HENDERSON, LOUIS JR Name: WILSON, JOHNIE M

 Address:
 1416 W. 30TH STREET
 Address:
 1416 L. B. MCLEOD ROAD

 City-St-Zip:
 ORLANDO, FL 32805
 City-St-Zip:
 ORLANDO, FL 32805

Title: TD ( ) Delete Title: VD (X) Change ( ) Addition Name: COMMISSIONG, GEORGE Name: SMITH, JOHN

 Address:
 1416 L.B. MCLEOD RD.
 Address:
 1416 L.B. MCLEOD RD.

 City-St-Zip:
 ORLANDO, FL 32805
 City-St-Zip:
 ORLANDO, FL 32805

Title: SD ( ) Delete Title: TD (X) Change ( ) Addition

 Name:
 CURGIL, VALERIE
 Name:
 CURGIL, VALERIE

 Address:
 1416 L.B. MCLEOD RD
 Address:
 1416 L.B. MCLEOD RD

 City-St-Zip:
 ORLANDO, FL 32805
 City-St-Zip:
 ORLANDO, FL 32805

 $\label{eq:title:Title:SD} \textit{Title:} \qquad \textit{SD} \qquad \textit{( ) Change (X) Addition}$ 

 Name:
 Name:
 JOHNSON, FRANK

 Address:
 Address:
 1416 L. B. MCLEOD ROAD

 City-St-Zip:
 City-St-Zip:
 ORLANDO, FL 32805

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHNIE MAE WILSON CD 04/30/2007