

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90029 022 \*\*\*\*70.00

**DOCUMENT # N01000008061**

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



Principal Place of Business  
**1416 L B MCLEOD RD  
ORLANDO, FL 32805**

Mailing Address  
**1416 L B MCLEOD RD  
ORLANDO, FL 32805**

40030100



**DO NOT WRITE IN THIS SPACE**

01082008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-3751850**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fees Required

**6. Name and Address of Current Registered Agent**

**WILSON, JOHNIE M  
4212 SOUTH RIO GRANDE AVENUE  
#108  
32839, FL 32805  
Orlando, FL 32839**

**DO NOT WRITE  
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD  
WILSON, JOHNIE M  
1416 L. B. MCLEOD ROAD  
ORLANDO, FL 32805**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
SMITH, JOHN  
1416 L.B. MCLEOD RD.  
ORLANDO, FL 32805**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
CURGIL, VALERIE  
1416 L.B. MCLEOD RD  
ORLANDO, FL 32805**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
JOHNSON, FRANK  
1416 L. B. MCLEOD ROAD  
ORLANDO, FL 32805**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Johnie M. Wilson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*02/28/08* *407-849-0135*  
Date Daytime Phone #

HOLDEN HEIGHTS PREMIUM ANALYSIS	ORIGINAL QUOTE	CLIENT TOOK	PREMIUMS FOR COVERAGE TAKEN	FINAL PREMIUMS WERE
QUOTED	\$3,411.13	YES	\$3,411.13	\$3,411.13
BUSINESS OWNERS	\$867.87	YES	\$867.87	\$867.87
GENERAL LIABILITY	\$272.49	YES	\$272.49	\$272.49
PROFESSIONAL LIABILITY	\$108.58	NOT TAKEN	\$0.00	\$0.00
HIRED AND NON-OWNED				\$4,551.19
FIDELITY BOND	\$4,660.07			
TOTAL INCLUDING TAXES AND FEES		YES	\$975.00	\$1,253.70
	\$975.00	NOT TAKEN	\$0.00	\$0.00
	\$188.00	NOT TAKEN	\$0.00	\$0.00
	\$90.00	NOT TAKEN	\$0.00	\$0.00
	\$437.00			\$1,253.70
D&O				
EPL	\$1,690.00			
FIDUCIARY				
CRIME				
TOTAL INCLUDING TAXES AND FEES			\$5,526.49	\$5,804.89
	\$6,350.07			\$278.40
				AP
TOTAL				\$4,558.82
CLIENT SENT CHECKS OF				\$867.87
REFUND SENT TO CLIENT	\$1,034.70			\$107.43
FOR NOT TAKING CRIME				\$5,419.06
NET PAID BY CLIENT				\$385.83
NET DUE TO COMPANY				