

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008061

FILED
Apr 30, 2009
Secretary of State

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

Current Principal Place of Business:

1416 L B MCLEOD RD
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

1416 L B MCLEOD RD
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 59-3751850

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILSON, JOHNNIE M
4212 SOUTH RIO GRANDE AVENUE
#108
ORLANDO, FL 32839 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: WILSON, JOHNNIE M
Address: 1416 L. B. MCLEOD ROAD
City-St-Zip: ORLANDO, FL 32805

Title: VD () Delete
Name: SMITH, JOHN
Address: 1416 L.B. MCLEOD RD.
City-St-Zip: ORLANDO, FL 32805

Title: TD () Delete
Name: CURGIL, VALERIE
Address: 1416 L.B. MCLEOD RD
City-St-Zip: ORLANDO, FL 32805

Title: SD () Delete
Name: JOHNSON, FRANK
Address: 1416 L. B. MCLEOD ROAD
City-St-Zip: ORLANDO, FL 32805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: CLIATT, RUFUS
Address: 1416 L. B. MCLEOD ROAD
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

04/30/2009

Electronic Signature of Signing Officer or Director

Date