

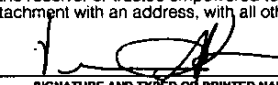


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90022 001 ****70.00

DOCUMENT # N01000008373 1. Entity Name GOLDSBORO FRONT PORCH COUNCIL, INC.					
Principal Place of Business 1213 W. 13th St SANFORD, FL 32771 US				Mailing Address P.O. BOX 591 SANFORD, FL 32772-0591 US	
2. Principal Place of Business - No P.O. Box # 1213 W. 13th Street Suite, Apt. #, etc.		3. Mailing Address P.O. Box 591 Suite, Apt. #, etc.			
City & State Sanford, Florida		City & State Sanford, Florida		4. FEI Number 59-3741373	
Zip 32771		Country Seminole		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARNES, CAMILLA 1304 WEST 16TH STREET SANFORD, FL 32771				7. Name and Address of New Registered Agent - Name Vernon McQueen Street Address (P.O. Box Number is Not Acceptable) 804 E. 14th Street City Sanford FL Zip Code 32771	
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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MC QUEEN, VERNON 804 EAST 14TH STREET SANFORD, FL 32771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC HOOKS, WILLIE 1318 PERSIMMON AVE. SANFORD, FL 32771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, ALGERINE 1703 SOUTH WEST RD SANFORD, FL 32771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KING, WILLIE 141 BOB THOMAS CIRCLE SANFORD, FL 32771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date 1/16/08 Daytime Phone # 407-302-1377		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					