

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002548

FILED  
Apr 22, 2010  
Secretary of State

**Entity Name:** THE NORTHEAST GAINESVILLE/DUVAL AREA NEIGHBORHOOD FRONT PORCH FLORIDA COMMUNITY, INC.

**Current Principal Place of Business:**

2153 S.E. HAWTHORNE ROAD  
SUITE 111  
GAINESVILLE, FL 32641 US

**New Principal Place of Business:**

2153 S.E. HAWTHORNE ROAD  
SUITE 111, BOX #7  
GAINESVILLE, FL 32641 US

**Current Mailing Address:**

2153 S.E. HAWTHORNE ROAD  
SUITE 111  
GAINESVILLE, FL 32641 US

**New Mailing Address:**

2153 S.E. HAWTHORNE ROAD  
SUITE 111, BOX #7  
GAINESVILLE, FL 32641 US

**FEI Number:** 22-3851093

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PARKER, MILDRED  
2153 S.E. HAWTHORNE ROAD  
SUITE 111  
GAINESVILLE, FL 32641 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: C  
Name: MEANS, GILBERT SR  
Address: 921 NE 25TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32641

Title: S  
Name: PARKER, MILDRED  
Address: 2306 NE 8TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32641

Title: D  
Name: HARRISON, LOIS Y  
Address: 1536 NE 9TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32641

Title: D  
Name: GASKIN, EDDIE  
Address: 1002 N.E. 25TH STREET  
City-St-Zip: GAINESVILLE, FL 32641

Title: D  
Name: CHESTNUT, CYNTHIA MOORE  
Address: 911 N.E. BLVD.  
City-St-Zip: GAINESVILLE, FL 32601

Title: D  
Name: LEWIS, MARY HARVEY  
Address: 2212 N.E. 7TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32641

I hereby 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 all other like empowered.

SIGNATURE: GILBERT MEANS, SR

C

04/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date