

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90009 039 \*\*\*\*70.00

**DOCUMENT # N02000004330**

1. Entity Name  
**THE HEART OF EAST TAMPA FRONT PORCH COUNCIL, INC.**



Principal Place of Business  
**2812 N 22ND STREET  
TAMPA, FL 33605**

Mailing Address  
**P. O. BOX 340343  
TAMPA, FL 33694**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



02182008 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent  
**MIRANDA, GRACE  
5102 BELMERE PKWY  
1605  
TAMPA, FL 33624**

7. Name and Address of New Registered Agent  
Name **Josephus Jenkins**  
Street Address (P.O. Box Number is Not Acceptable) **5630 BONITA VISTA WAY #56**  
City **TAMPA** FL Zip Code **33617**

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 *Josephus Jenkins* DATE **Feb 20, 2006**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retesting)

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	O MIRANDA, GRACE 5102 BELMERE PKWY #1605 TAMPA, FL 33624	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O HAMBURG, MARC 102 E. DR. MARTIN LUTHER KING BLVD. #2 TAMPA, FL 33603	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PONDER, JOHNIE 3409 MACHADO STREET TAMPA, FL 33603	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Josephus Jenkins 5630 BONITA VISTA WAY #56 TAMPA, FL 33617	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EVANGELINE BEST 3416 E. FERN STREET TAMPA, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Johnetta Goldsmith 2914 E. 19th AVENUE TAMPA, FL 33605	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARY Richardson 1419 Peachfield DRIVE VALICHO, FL 33594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Josephus Jenkins* DATE **Feb 20, 2006** 813 248-2552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR