



# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000006163	
1. Entity Name GREATER SYLVANIA HEIGHTS FRONT PORCH, INC.	

Principal Place of Business 211-C CYPRESS ST FORT WALTON BEACH, FL 32548	Mailing Address 211-C CYPRESS ST FORT WALTON BEACH, FL 32548
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED  
05 DEC 13 PM 2:07  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



11302005 REIN-NP CR2E099 (6/04)

4. FEI Number 43-1967361	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MORRIS, RONNIE A 506 VINCENT AVE FORT WALTON BEACH, FL 32547	7. Name and Address of New Registered Agent Name Robert Crawford Street Address (P.O. Box Number is Not Acceptable) 4502 Highway 20 East Suite A City Niceville FL Zip Code 32578
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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 Robert Crawford 12/7/05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME MORRIS, RONNIE A STREET ADDRESS 211-C CYPRESS ST CITY-ST-ZIP FORT WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Delete	TITLE Chair NAME Robert Gray STREET ADDRESS 211-C Cypress St. CITY-ST-ZIP Ft. Walton Beach, Fl. 32548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME SANDERS, NELSON STREET ADDRESS 211-C CYPRESS ST CITY-ST-ZIP FORT WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Delete	TITLE Vice-Chair NAME Dr. James Hill STREET ADDRESS 211-C Cypress St. CITY-ST-ZIP Ft. Walton Beach, Fl. 32548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME WOOD, MONICA STREET ADDRESS 211-C CYPRESS ST CITY-ST-ZIP FORT WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Delete	TITLE Secretary NAME Rob Crawford STREET ADDRESS 211-C Cypress St. CITY-ST-ZIP Ft. Walton Beach, Fl. 32548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BROWN, SHELBY STREET ADDRESS 211-C CYPRESS ST CITY-ST-ZIP FORT WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Delete	TITLE Treasurer NAME Denise Ingram STREET ADDRESS 211-C Cypress St. CITY-ST-ZIP Ft. Walton Beach, Fl. 32548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE Sergeant-at-Arms NAME Debra Evans STREET ADDRESS 211-C Cypress St. CITY-ST-ZIP Ft. Walton Beach, Fl. 32548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 exemption stated in Section 119.07(3)(i), 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: Robert L. Gray S.H.P.D. Council Chair 12/7/05  
Signature and typed or printed name of signing officer or director Date Daytime Phone 850-357-0924