

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90029 010 \*\*\*\*61.75

<b>DOCUMENT # N03000006163</b> 1. Entity Name <b>GREATER SYLVANIA HEIGHTS FRONT PORCH, INC.</b>					
Principal Place of Business <b>303 LOVEJOY ROAD</b> <b>A</b> <b>FORT WALTON BEACH, FL 32548</b>			Mailing Address <b>303 LOVEJOY ROAD</b> <b>A</b> <b>FORT WALTON BEACH, FL 32548</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>CRAWFORD, ROBERT</b> <b>4502 HIGHWAY 20 EAST</b> <b>SUITE A</b> <b>NICEVILLE, FL 32578</b>				7. Name and Address of New Registered Agent Name <b>H. ROBERT CRAWFORD</b> Street Address (P.O. Box Number is Not Acceptable) <b>4629 WINDSTAR DR</b> City <b>DESTIN</b> FL Zip Code <b>32541</b>	
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 <u>H. ROBERT CRAWFORD</u> <i>H. Robert Crawford</i> 04/11/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <input type="checkbox"/> Delete <b>GRAY, ROBERT</b> <b>303 LOVEJOY ROAD, A</b> <b>FORT WALTON BEACH, FL 32548</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <input type="checkbox"/> Delete <b>SMITH, LUTHER</b> <b>303 LOVEJOY ROAD, A</b> <b>FORT WALTON BEACH, FL 32548</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Delete <b>CRAWFORD, H. ROBERT</b> <b>303 LOVEJOY ROAD, A</b> <b>FORT WALTON BEACH, FL 32548</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Delete <b>SPELLER, CONNIE</b> <b>303 LOVEJOY ROAD, A</b> <b>FORT WALTON BEACH, FL 32548</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>EVANS, DELORA</b> <b>303 LOVEJOY ROAD, A</b> <b>FORT WALTON BEACH, FL 32548</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>H. ROBERT CRAWFORD</u> <i>H. Robert Crawford</i> 04/11/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40018011



02112007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**43-1967361**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **H. ROBERT CRAWFORD**

Street Address (P.O. Box Number is Not Acceptable) **4629 WINDSTAR DR**

City **DESTIN** FL Zip Code **32541**

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SIGNATURE H. ROBERT CRAWFORD *H. Robert Crawford* 04/11/07

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

Filing Fee is \$61.25 Due by May 1, 2007

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\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

**T** ☐ Delete **CRAWFORD, H. ROBERT** **303 LOVEJOY ROAD, A** **FORT WALTON BEACH, FL 32548**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**S** ☐ Delete **SPELLER, CONNIE** **303 LOVEJOY ROAD, A** **FORT WALTON BEACH, FL 32548**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D** ☐ Delete **EVANS, DELORA** **303 LOVEJOY ROAD, A** **FORT WALTON BEACH, FL 32548**

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SIGNATURE: H. ROBERT CRAWFORD *H. Robert Crawford* 04/11/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #