Apr-12-2004 10:38am From-OCALA HOUSING AUTHORITY +352369

ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90726 010 ****70.00

DOCUMENT # N03000009382

1. Entity Name

FRONT PORCH, OCALA INC.

Principal Place of Business	Mailing Address
~~108 NORTH MAGNOLIA AVENUE~~ ~~SUITE 600~~ ~~OCALA FL 34475~~ Delete	POST OFFICE BOX 6104 OCALA FL 34478

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
718 N.W. 7th Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala, Fl	City & State
Zip: 34475 Country: Marion	Zip Country

4. FEI Number: 59-2130619 ☐ 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
~~HADLEY, PATRICK~~ ~~108 NORTH MAGNOLIA AVENUE~~ ~~SUITE 600~~ ~~OCALA FL 34475~~	Name: Barbara Gadson Street Address (P.O. Box Number is Not Acceptable): 10596 SW 105th Ave City: Ocala FL Zip Code: 34481

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: Barbara Gadson 4/13/2004
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☒ Delete HADLEY, PATRICK III 108 NORTH MAGNOLIA AVENUE OCALA FL 34475	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Charperson ☐ Change ☒ Addition Howard Gunn 718 N.W. 7th Street Ocala, Fl 34475
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Delete BRADDON, ALONZO JR. 1804 NW 24TH AVENUE OCALA FL 34478	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Delete SMITH, LENA 1102 NW 14 AVENUE OCALA FL 34475	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☒ Delete CHARLES, LATASHA 306 NW 7TH AVENUE OCALA FL 34475	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Delete JACOBS, STANLEY 606 SW BROADWAY STREET OCALA FL 34475	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Delete DAMON, HAROLD 7 EAST S.S. BLVD. #102 OCALA FL 34470	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-12-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #