

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009382

FILED
Apr 02, 2009
Secretary of State

Entity Name: FRONT PORCH, OCALA INC.

Current Principal Place of Business:

718 NW 7TH STREET
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 6104
OCALA, FL 34478

New Mailing Address:

FEI Number: 59-2130619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GADSON, BARBARA
10596 SW 105TH AVE.
OCALA, FL 34481 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: D () Delete
Name: GUNN, HOWARD
Address: 718 NW 7TH STREET
City-St-Zip: OCALA, FL 34475

Title: DC () Delete
Name: BRADDON, ALONZO JR.
Address: 1804 NW 24TH AVENUE
City-St-Zip: OCALA, FL 34475

Title: D () Delete
Name: NORMAN, IDA
Address: 9352 BAHIA ROAD
City-St-Zip: OCALA, FL 34472

Title: A () Delete
Name: CRAWFORD, OLIVIA L
Address: POB 1174
City-St-Zip: GAINESVILLE, FL 32602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: OLIVIA L CRAWFORD

A

04/02/2009

Electronic Signature of Signing Officer or Director

Date