2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State
02-28-2005 90205 020 ****70.00

DOCUMENT # N04000001182

1. Entity Name
NEWTOWN FRONT PORCH NEIGHBORHOOD REVITALIZATION COUNCIL, INC.

Principal Place of Business	Mailing Address
1782 DR MARTIN LUTHER KING JR WAY SARASOTA, FL 34234	1782 DR MARTIN LUTHER KING JR WAY SARASOTA, FL 34234

02202005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ☐ 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
COPELAND, DENTISE P 1782 DR MARTIN LUTHER KING JR WAY SARASOTA, FL 34234	Name: Lakieffa M. Williams Street Address (P.O. Box Number is Not Acceptable): 1782 Dr. Martin Luther King Jr. Way City: Sarasota FL Zip Code: 34234

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: Lakieffa M. Williams Community Liaison DATE: 2/22/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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	C HARVEY-DOZIER, APRIL 1332N POMPNAO AVE SARASOTA, FL 34234	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C Carolyn J. Mason 1495 18th Street Sarasota, FL 34234	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC HUNTER, JOHNNY 3006 GOODRICH AVE SARASOTA, FL 34234	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Robert Atkins 803 Goodrich Ave. Sarasota, FL 34234	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MACK, MARY S 2955 NOBLE AVE SARASTOA, FL 34234	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CLARK, DOROTHY L 1521 23RD ST SARASOTA, FL 34234	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUCHAND, VALARIE 2562 JANIE POE DR SARASOTA, FL 34234	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHANDLER, CLYDE L III 2517 22ND ST SARASOTA, FL 34234	☐ Delete	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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lakieffa M Williams 2/22/05 941-373-7886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #