

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001182

FILED
Jan 07, 2006
Secretary of State

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

Current Principal Place of Business:

1782 DR MARTIN LUTHER KING JR WAY
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

1782 DR MARTIN LUTHER KING JR WAY
SARASOTA, FL 34234

New Mailing Address:

FEI Number: 80-0101308 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILLIAMS, LAKIEFFA M
1782 DR MARTIN LUTHER KING JR WAY
SARASOTA, FL 34234 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: C () Delete
Name: MASON, CAROLYN J
Address: 1495-18TH STREET
City-St-Zip: SARASOTA, FL 34234

Title: VC () Delete
Name: HUNTER, JOHNNY
Address: 3006 GOODRICH AVE
City-St-Zip: SARASOTA, FL 34234

Title: S () Delete
Name: MACK, MARY S
Address: 2955 NOBLE AVE
City-St-Zip: SARASTOA, FL 34234

Title: T () Delete
Name: ATKINS, ROBERT
Address: 803 GOODRICH AVE
City-St-Zip: SARASOTA, FL 34234

Title: BM () Delete
Name: BUCHAND, VALARIE
Address: 2562 JANIE POE DR
City-St-Zip: SARASOTA, FL 34234

Title: BM () Delete
Name: CHANDLER, CLYDE L III
Address: 2517 22ND ST
City-St-Zip: SARASOTA, FL 34234

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: MASON, CAROLYN J
Address: 2208 SOPHIE SPRINGER LANE
City-St-Zip: SARASOTA, FL 34234

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

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

Title: T (X) Change () Addition
Name: MACK, MARY S
Address: 2955 NOBLE AVENUE
City-St-Zip: SARASOTA, FL 34234

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 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: MARY S. MACK

SECR

01/07/2006

Electronic Signature of Signing Officer or Director

Date