# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# N04000001182

FILED Mar 20, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 

1782 DR MARTIN LUTHER KING JR WAY SARASOTA, FL 34234

**Current Mailing Address: New Mailing Address:** 

1782 DR MARTIN LUTHER KING JR WAY SARASOTA, FL 34234

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MACK, MARY S 1782 DR MARTIN LUTHER KING JR WAY SARASOTA, FL 34234

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:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition MASON, CAROLYN J MACK, MARY S Name: Name: 2208 SOPHIE SPRINGER LANE Address: 2955 NOBLE AVENUE Address: City-St-Zip: SARASOTA, FL 34234 City-St-Zip: SARASOTA, FL 34234

Title: VC Title: (X) Change ( ) Addition ( ) Delete MACK, MARY S Name: COLON, JOHN Name: Address: 2955 NOBLE AVENUE Address: 1515 RINGLING BLVD., STE 600

City-St-Zip: SARASOTA, FL 34234 City-St-Zip: SARASOTA, FL 34236

Title: SEC () Delete Title:

() Change () Addition HUGHES, CYNTHIA M Name: Name: 2304 COCOANUT AVENUE Address: Address: City-St-Zip: SARASOTA, FL 34234 City-St-Zip:

(X) Change ( ) Addition Title: BM () Delete Title: TREA Name: COLON, JOHN Name: CALLOWAY, GWEN E

1515 RINGLING BLVD, STE 600 1845 18TH STREET, #303 Address: Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34234

Title: () Delete Title: (X) Change ( ) Addition

COLEMAN, VERNELL A LANGSTON, BARBARA N Name: Name: 1977 32ND STREET 2988 N ORANGE AVENUE Address: Address: City-St-Zip: SARASOTA, FL 34234 City-St-Zip: SARASOTA, FL 34234

Title: () Delete Title: ( ) Change (X) Addition CHANDLER, TODD Name: Name:

Address: Address: 1425 DR. M.L.KING, JR. WAY SARASOTA, FL 34234 City-St-Zip: 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: MARY S. MACK CHAL 03/20/2009