

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003093

FILED  
Apr 05, 2009  
Secretary of State

**Entity Name:** GREATER FRENCHTOWN AREA FRONT PORCH FLORIDA REVITALIZATION COUNCIL, INC.

**Current Principal Place of Business:**

1004 OLD BAINBRIDGE RD  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

1004 OLD BAINBRIDGE RD  
TALLAHASSEE, FL 32303

**New Mailing Address:**

**FEI Number:** 59-3756778

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLOWERS, FRED H ESQ.  
1501 E. PARK AVE.  
TALLAHASSEE, FL 323012817 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: CC ( ) Delete  
Name: SCOTT, DARRYL A  
Address: 613 W. DUNN ST.  
City-St-Zip: TALLAHASSEE, FL 32304

Title: VC ( ) Delete  
Name: FLOYD, RODNEY M  
Address: 1001 CLAY ST.  
City-St-Zip: TALLAHASSEE, FL 32304

Title: S ( ) Delete  
Name: DAVIS, REGINA M  
Address: 710 DEWEY ST.  
City-St-Zip: TALLAHASSEE, FL 32304

Title: D ( ) Delete  
Name: DONOVAN, MIKE  
Address: 588 W. 6TH AVE.  
City-St-Zip: TALLAHASSEE, FL 32304

Title: D ( ) Delete  
Name: REDDINGS, JANIE B  
Address: 1100 PAUL RUSSELL RD.  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: LEWIS, THOMAS  
Address: 435 N. MACOMB ST.  
City-St-Zip: TALLAHASSEE, FL 32301

**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:

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: DARRYL A. SCOTT

CC

04/05/2009

Electronic Signature of Signing Officer or Director

Date