## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N05000004061 FILED** THE GIFFORD FRONT PORCH REVITALIZATION Aug 21, 2008 08:00 AM Secretary of State COUNCIL INCORPORATED Principal Place of Business Mailing Address 4875 43RD AVE. 4875 43RD AVE. VERO BEACH, FL 32967 VERO BEACH, FL 32967 08062008 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3002547 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **HUNTER, SAMUEL** DO NOT WRITE **4206 41ST STREET** VERO BEACH, FL 32967 IN THIS SPACE 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. Signature, typed or printed name of registered agent and tittle if applicable (NOTE: Registered Agent signature required when reinstating) U00000958131 08/21/08-80005-003 61.25 \$5.00 May Be 9. Election Campaign Financing Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by September 12, 2008 OFFICERS AND DIRECTORS 10. CD TITLE NAME WOOLFORK, FREDDIE STREET ADDRESS **4590 57TH AVENUE** CITY-ST-ZIP VERO BEACH, FL 32967 tmle TD NAME IDLETTE, JOE N III STREET ADDRESS 4570 57TH AVE. CITY-ST-ZIP VERO BEACH, FL 32967 TITLE CD MCKINNEY, MARY B NAME STREET ADDRESS **5616 41ST STREET** DO NOT WRITE CITY-ST-ZIP VERO BEACH, FL 32967 IN THIS SPACE TETLE NAME RIGBY, ARDRA STREET ADDRESS 8465 59TH AVE. CITY-ST-ZIP WABASSO, FL 32970 IIILE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee employered 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: