2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 23, 2007 8:00 am Secretary of State

DOCUMENT # N0600003710 1. Entity Name GREATER IMMOKALEE SOUTHSIDE FRONT PORCH COMMUNITY; INC.							7 90007 015 ****(51.25	
Principal Place of Business 619 NORTH STH STREET IMMOKALEE, FL 34142 US		Mailing Address PO BOX 5075 \$51 IMMOKALEE, FL 34143	PO BOX 5075 251]]	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03162007	Chg-NP	CR2E037 (12/06)		
City & State		City & State	City & State		4. FEI Numbe 20 - 4	654356	A	pplied For lot Applicable	
Zip	- Country	Zip	Country		5. Certificate	of Status Desired	S8.75 Ad Fee Require		
	6. Name and Address of Curre	ent Registered Agent			7. Name and	Address of New	Registered Agent		
JENKINS, VICTORIA			Name	Name					
619 NORT	TH 9TH STREET 4/9 N EE, FL 34142	1 15 5+	Street Address		(P.O. Box Number is Not Acceptable)				
			City				FL Zip Coo	de	
	named entity submits this statementions of registered agent.	t for the purpose of changing its re	egistered office o	r registere	d agent, or bot	n, in the State of F	lorida. I am familiar with	, and accept	
SIGNATURE .	Vater John						3/14/07		
	Signature, typed or printed hame of registered a	gent and title if applicable. , (NOTE: I	Registered Agent signat	ure required v	when reinstating)		DATE		
	Filing Fee is \$61.25	geni and title if applicable. (NOTE: I 9. Election Camp Trust Fund Co	paign Financing		\$5.00 May B		DATE Make check payable orlda Department of S		
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	paign Financing ntribution.		\$5.00 May B Added to Fees	Flo	DATE Make check payable orlda Department of S	State	
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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 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:

SHARON HOWARD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/07

239658-1300