2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N06000003710

Entity Name: GREATER IMMOKALEE SOUTHSIDE FRONT PORCH COMMUNITY, INC.

Current Principal Place of Business:

419 N 1ST ST
IMMOKALEE, FL 34142 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 851
IMMOKALEE, FL 34143 US

New Mailing Address:

FEI Number: 20-4654356 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JENKINS, VICTORIA
419 N 1ST ST
IMMOKALEE, FL 34142 US

Name and Address of New Registered Agent:

CARR, VICTORIA
419 N 1ST ST
IMMOKALEE, FL 34142 US

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: VICTORIA CARR 04/27/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: JOHNSON, LYAIA
Address: 419 N 1ST ST
City-St-Zip: IMMOKALEE, FL 34142 US

Title: D ( ) Delete
Name: LEE, JC
Address: 419 N 1ST ST
City-St-Zip: IMMOKALEE, FL 34142 US

Title: S/T ( ) Delete
Name: HOWARD, SHARON
Address: 419 N 1ST ST
City-St-Zip: IMMOKALEE, FL 34142 US

Title: D ( ) Delete
Name: JUDES, ALBERT
Address: 419 N 1ST STREET
City-St-Zip: IMMOKALEE, FL 34142

Title: D ( ) Delete
Name: HALMAN, ROBERT
Address: 419 N. 1ST STREET
City-St-Zip: IMMOKALEE, FL 34142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: JOHNSON, LYDIA
Address: 419 N 1ST ST
City-St-Zip: IMMOKALEE, FL 34142 US

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: C (X) Change ( ) Addition
Name: HALMAN, ROBERT
Address: 419 N. 1ST STREET
City-St-Zip: IMMOKALEE, FL 34142

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: ROBERT HALMAN C 04/27/2009
Electronic Signature of Signing Officer or Director Date