


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90206 040 ****70.00

DOCUMENT # N99000006613 1. Entity Name FRONT PORCH COMMUNITY DEVELOPMENT ASSOCIATION, INC.			
Principal Place of Business P.O. BOX 13126 ST. PETERSBURG, FL 33733-3126		Mailing Address P.O. BOX 13126 ST. PETERSBURG, FL 33733-3126	
2. Principal Place of Business 1523 16th ST. So.		3. Mailing Address 1523 16th ST. So.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State St. Petersburg, FL		City & State St. Petersburg, FL	
Zip 33705		Zip 33705	
Country 		Country 	
4. FEI Number 59-3606615		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUTLIFF, YATE K 501 1ST AVENUE, NORTH, SUITE 507 ST. PETERSBURG, FL 33701		7. Name and Address of New Registered Agent Name Lolita A. Dash Street Address (P.O. Box Number is Not Acceptable) 1523 16th ST. So. ST. Petersburg City FL Zip Code 33705	
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 <i>Lolita A. Dash Community Liaison</i> 4-27-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete AQUIL, ASKIA M 1640 MARTIN LUTHER KING STREET S. ST. PETERSBURG, FL 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SMITH, GEORGE B P O BOX 13003 ST PETERSBURG, FL 33733	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CUTLIFF, YATE K 501 1ST AVENUE NORTH, SUITE 507 ST. PETERSBURG, FL 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BENNETT, RODNEY 658 60TH AVE S SAINT PETERSBURG, FL 33705	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Lolita A. Dash</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/27/2005 <small>Date Daytime Phone #</small>	