

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004330

Entity Name: THE HEART OF EAST TAMPA FRONT PORCH COUNCIL, INC.**Current Principal Place of Business:**1920 E HILLSBOROUGH AVE
2ND FLOOR SUITE G
TAMPA, FL 33610**Current Mailing Address:**1920 E HILLSBOROUGH AVE
2ND FLOOR SUITE G
TAMPA, FL 33610**FEI Number:** 41-2047185**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GOLDSMITH, JOHNETTA
2914 E 19TH AVE
TAMPA, FL 33605 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	V1
Name	MCFADDEN, JOSEPH
Address	1920 E HILLSBOROUGH AVE 2ND FLR SUITE G
City-State-Zip:	TAMPA FL 33610

Title	S
Name	SIMPKINS-JAMES, PHYLLIS
Address	2409 WOODY TRACE LANE
City-State-Zip:	TAMPA FL 33619

Title	P
Name	GOLDSMITH, JOHNETTA
Address	2914 E 19TH AVE
City-State-Zip:	TAMPA FL 33605

Title	V2
Name	JAMES, CHARLIE O
Address	2409 WOODY TRACE LANE
City-State-Zip:	TAMPA FL 33619

Title	T
Name	LAWSON, DEBORAH SCOTT-
Address	7016 N PALMETTO LANE
City-State-Zip:	TAMPA FL 33604

I hereby 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 all other like empowered.

SIGNATURE: DEBORAH SCOTT-LAWSON**TREASURER****03/08/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date