

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90017 045 *****70.00

0036041

DOCUMENT # N00000005903

1. Entity Name

PORCH OF SOLOMON MINISTRIES, INC.

Principal Place of Business

6103 N.W. 18TH CT.
 MARGATE FL 33063-2735

Mailing Address

6103 N.W. 18TH CT.
 MARGATE FL 33063-2735

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

66-1041286

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RAINES, DANIEL Z
6103 N.W. 18TH CT.
MARGATE FL 33063-2735

7. Name and Address of New Registered Agent

Name **Daniel Z Raines**
 Street Address (P.O. Box Number is Not Acceptable) **6103 NW 18th**
 City **Margate** FL **33063**

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.

SIGNATURE

Daniel Z. Raines

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **RAINES, DANIEL Z**
 STREET ADDRESS **6103 N.W. 18TH CT.**
 CITY-ST-ZIP **MARGATE FL 33063-2735**

TITLE **D** ☒ Delete
 NAME **RAINES, PATRICIA J**
 STREET ADDRESS **6103 N.W. 18TH CT.**
 CITY-ST-ZIP **MARGATE FL 33063-2735**

TITLE **D** ☐ Delete
 NAME **LARSEN, DANIEL W**
 STREET ADDRESS **12433 NW 62ND CT.**
 CITY-ST-ZIP **CORAL SPRINGS FL 00000-0000**

TITLE **D** ☐ Delete
 NAME **CRACCHIOLO, SAM**
 STREET ADDRESS **21388 SHANNON RIDGE WAY**
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **D** ☐ Delete
 NAME **CRACCHIOLO, HELEN**
 STREET ADDRESS **21388 SHANNON RIDGE WAY**
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **D** ☐ Delete
 NAME **WALKER, DOUG**
 STREET ADDRESS **1984 SE 17TH ST.**
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE **D** ☐ Change ☒ Addition
 NAME **JOANNE WALKER**
 STREET ADDRESS **1984 SE 17TH ST**
 CITY-ST-ZIP **POMPANO Bch- FL 33062**

TITLE **D** ☐ Change ☒ Addition
 NAME **MARK Richter**
 STREET ADDRESS **120 NW 191 ST**
 CITY-ST-ZIP **N. MIAMI, FL 33169**

TITLE **D** ☐ Change ☒ Addition
 NAME **Anet Bouvier**
 STREET ADDRESS **3924 NW 32nd Ave**
 CITY-ST-ZIP **Oakland Park FL 33309**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Daniel Z Raines

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/12/01

Daytime Phone #

CR2E037 (10/00)