

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90114 038 ****70.00

DOCUMENT # *N00000005903*

1. Entity Name

Porch of Solomon Ministries, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5360 NW 32nd Court

Suite, Apt. #, etc.

3. Mailing Address

5360 NW 32nd Court

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Marqate FL.

City & State

Marqate FL.

4. FEI Number

65-1041286

Applied For

Not Applicable

Zip

33063

Country

USA

Zip

33063

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Daniel Z. Raines

Street Address (P.O. Box Number is Not Acceptable)

5360 NW 32nd Court

City

Marqate

FL

Zip Code

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

*Daniel Z. Raines
President*

4-10-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY- ST- ZIP

*Director/President
Daniel Z. Raines
5360 NW 32nd Ct
Marqate, FL 33063*

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

*Director
Dan Larsen
12433 NW 62nd Court
Coral Springs, FL 33076-1922*

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

*Director/Chairman
Mark Richter
1317 SE 22nd Ave
Pompano Beach, FL 33062*

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

*Director/Secretary
Ms. Anet Bouvier
9076-B SW 21st Court
Boca Raton, FL 33428*

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

*Director
Helen Cracchiolo
21388 Shannon Ridge Way
Boca Raton, FL 33428*

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

*Director
Kimberly A. Larsen
12433 NW 62nd Ct
Coral Springs, FL 33076-1922*

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

Daniel Z. Raines

*Daniel Z. Raines
President/Director*

4/10/02 954 977 6876

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone :

CR2E037B (12/01)