

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000008514

1. Entity Name

THE PORCH MINISTRIES, INC.

FILED

May 23, 2001 8:00 am
Secretary of State

05-23-2001 90021 014 ****61.25

Principal Place of Business

720 N. ORANGE AVE.
ORLANDO FL 32801

Mailing Address

720 N. ORANGE AVE.
ORLANDO FL 32801

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3691893

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MCDANIEL, DAVID S REV.FR.
720 N. ORANGE AVE.
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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
NAME MCDANIEL, DAVID S REV.FR.
STREET ADDRESS 720 N. ORANGE AVE.
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE D
NAME MCDANIEL, RACHEL S
STREET ADDRESS 720 N. ORANGE AVE.
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE D
NAME HOWE, SCOTT
STREET ADDRESS 2309 SORENTO CIR.
CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete

TITLE D
NAME HOWE, JACKIE
STREET ADDRESS 2309 SORENTO CIR.
CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete

TITLE D
NAME GOMEZ, LENI
STREET ADDRESS 8057 LASSO WAY
CITY-ST-ZIP ORLANDO FL 32822 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ 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 all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/01/01

407 970-8383

Date

Daytime Phone #

CR2E037 (10/00)