

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004868

FILED  
Apr 27, 2012  
Secretary of State

**Entity Name:** CLIVE A. PORTER MINISTRIES, INC.

**Current Principal Place of Business:**

12344 NW 26 STREET  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

12344 NW 26 STREET  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

**FEI Number:** 64-0962227

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PORTER, CLIVE A SR.  
12344 NW 26 STREET  
CORAL SPRINGS, FL 33065 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** PORTER, CLIVE A SR.  
**Address:** 12344 NW 26 STREET  
**City-St-Zip:** CORAL SPRINGS, FL 33065

**Title:** V  
**Name:** WRIGHT-PORTER, SHARON M  
**Address:** 12344 NW 26 STREET  
**City-St-Zip:** CORAL SPRINGS, FL 33065

**Title:** ST  
**Name:** MCINTOSH, TARA  
**Address:** 1095 GOLDENLAKES BLVD. #923  
**City-St-Zip:** WEST PALM BEACH, FL 33411

**Title:** D  
**Name:** FRAY, KARLENE  
**Address:** 1825 SW FEARS AVENUE  
**City-St-Zip:** PT. ST. LUCIE, FL 34953

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:** TARA MCINTOSH

ST

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date