

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90035 019 ****61.25

DOCUMENT # N46408

1. Entity Name
SOLOMON'S PORCH CHRISTIAN FELLOWSHIP, INC.



Principal Place of Business

**200 INTERNATIONAL DR 8934 Puerto
#407 #304 Del Rio Dr
CAPE CANAVERAL, FL 32920**

Mailing Address

**P.O. BOX 681
CAPE CANAVERAL, FL 32920**

DO NOT WRITE IN THIS SPACE



02142006 No Chg-NP CR2E037 (11/05)

4. FEI Number **59-3102435** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BASA, NATHANIEL L
1060 RIVERDALE DRIVE
MELBOURNE, FL 32935**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KEMPF, JOHN
STREET ADDRESS 2350 HONEYBROOK CREEK DRIVE
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE VPD
NAME PITSTICK, DONALD
STREET ADDRESS 200 INTERNATIONAL DR., #407
CITY-ST-ZIP CAPE CANAVERAL, FL

TITLE STD
NAME KLIEN, CAROL
STREET ADDRESS 1204 SOMAR ROAD Samar
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Carol Klein

Carol Klein

3-10-06

321-626-2551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #