2004 FOR PROFIT CORPORATION

FILED Mar 15, 2004 8:00 am Secretary of State

	ANNOAL	LKEPUKI				Secret	ary u	Blatt
DOCL		THE STO]		4 900 2 6 048			
1. Entity Na								
PORTER HOUSE FUNDRAISING, INC.					1			
Principal Pla	ice of Business	Mailing Address		-	1	~ 4	րութում	i
12347 CORMORANT DR. E.		12347 CORMORANT DR. E.			į			
JACKSONVII	LLE, FL 32223	JACKSONVILLE, FL 322	223					
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2. Principat	Place of Business	3. Mailing Address						
Suite, Apr	t. #. etc.	Suite, Apt. #, etc.				i matai mati dalik astil 80		:30 filet 31 \$8 (1 88
				i	03052004	Chg-P	CR2E034 (10/03)
City & State		City & State			4. FEI Numb	er		Applied For
Zip	Country	Zip	Causta		59-375	8257		Not Applicable
<u></u>			Country		5. Certificate	of Status Desired		75 Additional Required
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New F		
PORTER, JENNIFER			Name	Name				
12347 CORMORANT DR. E. JACKSONVILLE, FL 32223			Street	treet Address (P.O. Box Number is Not Acceptable)				
JACKSON	IVILLE, FL 32223				·			·
7								
			City		FL Zip Code			
The above the obliga	e named entity submits this statement for tions of registered agent.	r the purpose of changing its	egistered office	or registere	ed agent, or bo	th, in the State of Fk	orida. I am famili	ar with, and accept
						-		
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable (NOTE	D-distance (A					
****	The state of the s	(NOTE:	Registered Agent sign	nature required	when reinstating)		DATE	
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaig	n Financing	\$5.0	00 May Be			- 9 .
After M	ay 1, 2004 Fee will be \$550.0	Trust Fund Contri	bution.		d to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRE	CTORS IN 11
TITLE NAME	PD PORTER, JAMES R III	☐ Delete	TITLE				- T-	Change
STREET ADDRESS	2347 CORMORANT DR. E.		NAME CARECA ARRESTO	122	47 Pr	rnoran	+ Driv	
CITY-ST-ZIP	JACKSONVILLE, FL 32223		STREET ADDRESS CITY-ST-ZIP		_			
TITLE	STD	□ Delete	TITLE	1 24	CCSUM	rille, FL		
NAME	PORTER, JENNIFER T		NAME 1	122	47 00	rnoran		Change
STREET ADDRESS CITY-ST-ZIP	2347 CORMORANT DR. E. JACKSONVILLE, FL 32223		STREET ADDRESS					
TITLE	W.O.G.O.WIELE, FE 32223		CITY-ST-ZIP	1 70	CKSOr	Iville F	- 322	23
NAME	The state of the s	Delete	NAME		<i>3</i> 1 -3	. ياد تيگستوه ايوا	·	hange — 🔳 Addition
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CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE					hange Addition
STREET ADDRESS			NAME STREET APPROCES					
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	ļ				
TITLE		☐ Delete	TITLE					hango Maddina
NAME .	• • •		NAME		. 1		C	hange Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS					• • •
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NAME		□ Delete - i•	TITLE ^{.C.} NAME	.]		~		hange Addition
STREET ADDRESS	And the second of the second o	<u> </u>	STREET ADDRESS	Ī				

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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR