

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-15-2004 90026 048 ***150.00

DOCUMENT # P01000090435

1. Entity Name
PORTER HOUSE FUNDRAISING, INC.



Principal Place of Business
**12347 CORMORANT DR. E.
JACKSONVILLE, FL 32223**

Mailing Address
**12347 CORMORANT DR. E.
JACKSONVILLE, FL 32223**



03052004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3758257

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PORTER, JENNIFER
12347 CORMORANT DR. E.
JACKSONVILLE, FL 32223**

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. 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **PORTER, JAMES R III**
STREET ADDRESS **2347 CORMORANT DR. E.**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE **STD** ☐ Delete
NAME **PORTER, JENNIFER T**
STREET ADDRESS **2347 CORMORANT DR. E.**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **12347 Cormorant Drive E.**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **12347 Cormorant Dr. E.**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

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NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/04

904 2602052