

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90048 007 ***150.00

DOCUMENT # P01000090435

1. Entity Name
PORTER HOUSE FUNDRAISING, INC.



Principal Place of Business
**6510 COLUMBIA PARK DRIVE
205
JACKSONVILLE, FL 32258**

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

40058830



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

6510 Columbia Park Drive

03192007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

205

City & State

Jacksonville, FL

Zip

Country

32258

Country

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 **Jennifer Porter**

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

**6510 Columbia Park Drive
205**

City **Jacksonville**

FL Zip Code **32258**

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

4/03/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 **12347 CORMORANT DR. E**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE **STD** ☐ Delete
NAME **PORTER, JENNIFER T**
STREET ADDRESS **12347 CORMORANT DR. E**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **6510 Columbia Park Drive #205**
CITY-ST-ZIP **Jacksonville, FL 32258**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **6510 Columbia Park Drive #205**
CITY-ST-ZIP **Jacksonville, FL 32258**

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

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 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:

Jennifer Porter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/03/07 (904) 292-2639