

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # P01000090435

1. Entity Name
PORTER HOUSE FUNDRAISING, INC.



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

Mailing Address
6510 COLUMBIA PARK DRIVE
205
JACKSONVILLE, FL 32258



01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
6510 COLUMBIA PARK DRIVE
205
JACKSONVILLE, FL 32258

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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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PORTER, JAMES R III
6510 COLUMBIA PARK DRIVE #205
JACKSONVILLE, FL 32258

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
PORTER, JENNIFER T
6510 COLUMBIA PARK DRIVE #205
JACKSONVILLE, FL 32258

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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03/18/08-80025-017 150.00

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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 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

1/25/08 904
292-2639

Date

Daytime Phone #