

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004803

1. Entity Name

ANCHOR OF SOUL MINISTRIES, INC.

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90096 029 ****61.25

Principal Place of Business
35472 RANCHITTE BLVD
WEBSTER FL 33597

Mailing Address
35472 RANCHITTE BLVD
WEBSTER FL 33597

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3662238

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JANEZIC, JOSEPH
4815 E BUSCH BLVD #113
TAMPA FL 33617

Name - FRED PUENTES

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

35472 Ranchette Blvd

City Webster, FL

FL

Zip Code 33597

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.

SIGNATURE

[Signature]

FRED PUENTES

1/4/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D President
NAME PUENTES, FRED
STREET ADDRESS 35472 RANCHITTE BLVD 35472 Ranchette Blvd
CITY-ST-ZIP WEBSTER FL 33597

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

TITLE D Vice Pres
NAME PUENTES, MAYLEN
STREET ADDRESS 35472 RANCHITTE BLVD 35472 Ranchette Blvd
CITY-ST-ZIP WEBSTER FL 33597

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

TITLE D
NAME JANEZIC, JOSEPH
STREET ADDRESS 4815 E BUSCH BLVD SUITE 113
CITY-ST-ZIP TAMPA FL 33617

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/01

CR2E037 (10/00)