

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004803

FILED
Apr 30, 2004
Secretary of State

Entity Name: ANCHOR OF OUR SOUL MINISTRIES, INC.

Current Principal Place of Business:

SR 50 US HWY 301
WEBSTER, FL 33957

New Principal Place of Business:

Current Mailing Address:

3542 RANCHETTE BLVD.
WEBSTER, FL 33957

New Mailing Address:

FEI Number: 59-3662238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUENTES, FRED
35472 RANCHETTE BLVD
WEBSTER, FL 33597 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PUENTES, FRED
Address: 35472 RANCHETTE BLVD
City-St-Zip: WEBSTER, FL 33597

Title: VPD () Delete
Name: PUENTES, MAYLEN
Address: 335472 RANCHETTE BLVD
City-St-Zip: WEBSTER, FL 33597

Title: T () Delete
Name: HERNANDEZ, MICHAEL
Address: 5237 RIVA RIDGE DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33404

Title: S () Delete
Name: TEJERA, JOSE
Address: 34193 CARPENTER CIRCLE
City-St-Zip: WEBSTER, FL 33597

Title: D () Delete
Name: HERNANDEZ, DARLENE
Address: 5237 RIVA RIDGE DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: D () Delete
Name: TEJERA, LISA
Address: 34193 CARPENTER CIRCLE
City-St-Zip: WEBSTER, FL 33544

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRED PUENTES

PD

04/30/2004

Electronic Signature of Signing Officer or Director

Date