2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2009
Secretary of State

DOCUMENT# N00000004803

Entity Name: ANCHOR OF OUR SOUL MINISTRIES, INC.

Current Principal Place of Business:

34275 CORTEZ BLVD.
RIDGE MANOR, FL 33523

New Principal Place of Business:

Current Mailing Address:

34275 CORTEZ BLVD.
RIDGE MANOR, FL 33523

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:	VD	( ) 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:	FREEMAN, DONNA	
Address:	12351 S. HYACINTH POINT	
City-St-Zip:	FLORAL CITY, FL 33436	
Title:	D	( ) Delete
Name:	HERNANDEZ, DARLENE	
Address:	5237 RIVA RIDGE DRIVE	
City-St-Zip:	WESLEY CHAPEL, FL 33544	
Title:	D	( ) Delete
Name:	FREEMAN, BYRON	
Address:	12351 S. HYACINTH POINT	
City-St-Zip:	FLORAL CITY, FL 33436	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	AMUNDSEN, DINA	
Address:	P.O. BOX 202	
City-St-Zip:	BROOKSVILLE, FL 34605	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	PEACH, MICHELLE	
Address:	20012 LEONARD ROAD	
City-St-Zip:	LUTZ, FL 33558	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DINA AMUNDSEN T 02/14/2009

Electronic Signature of Signing Officer or Director — Date