NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90042 049 ****61.25

DOCUMENT # N00000004803

1. Entity Name
ANCHOR OF SOUL MINISTRIES, INC

DO NOT WRITE IN THIS SPACE

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
SR 50 & US HWY 301	35472 RANCHETTE BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEBSTER, FL	City & State: WEBSTER, FL
Zip: 33957 Country: USA	Zip: 33957 Country: USA

4. FEI Number: 59-3662238 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: FRED PUENTES

Street Address (P.O. Box Number is Not Acceptable): 35472 RANCHETTE BLVD

City: WEBSTER FL Zip Code: 33957

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DIRECTOR
NAME	FRED PUENTES
STREET ADDRESS	35472 RANCHETTE BLVD
CITY-ST-ZIP	WEBSTER, FL 33957
TITLE	DIRECTOR
NAME	MAYLEN PUENTES
STREET ADDRESS	35472 RANCHETTE BLVD
CITY-ST-ZIP	WEBSTER, FL 33957
TITLE	DIRECTOR
NAME	MICHAEL HERNANDEZ
STREET ADDRESS	5237 RIVA RIDGE DRIVE
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544
TITLE	DIRECTOR
NAME	DARLENE HERNANDEZ
STREET ADDRESS	5237 RIVA RIDGE DRIVE
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544
TITLE	DIRECTOR
NAME	JOSE TEJERA, JR
STREET ADDRESS	34193 CARPENTER CIRCLE
CITY-ST-ZIP	WEBSTER, FL 33597
TITLE	DIRECTOR
NAME	LISA TEJERA
STREET ADDRESS	34193 CARPENTER CIRCLE
CITY-ST-ZIP	WEBSTER, FL 33597

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CITY-ST-ZIP	

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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ MICHAEL HERNANDEZ 5-29-03 813-918-2488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #