NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED

2022 JUN 28 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N11000007613

1. Entity Name

ANCHOR BAPTIST CHURCH, INC.

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CR2E037B (1/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
614 E. JEFFERSON ST	PO BOX 543
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BROOKSVILLE FL	City & State: BROOKSVILLE FL
Zip: 34601 Country: USA	Zip: 34605 Country: USA

4. FEI Number: 61-1517467 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: DAVID S. THOMASON

Street Address (P.O. Box Number is Not Acceptable): 10361 YELLOW HAMMER RD

City: BROOKSVILLE FL Zip Code: 34614

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: David S. Thomason DAVID S. THOMASON 6/28/22

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

FEE IS $61.25
Initial or Amended AR
Make Check Payable to
Florida Department of State

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

E-mail Address: wehaveanranchor@aol.com

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	DAVID S. THOMASON
STREET ADDRESS	10361 YELLOW HAMMER RD
CITY-ST-ZIP	BROOKSVILLE FL 34614
TITLE	VP
NAME	WAYNE MERRITT
STREET ADDRESS	24459 MAE HIGHT RD
CITY-ST-ZIP	BROOKSVILLE FL 34601
TITLE	T
NAME	JOYCE MERRITT
STREET ADDRESS	24459 MAE HIGHT RD
CITY-ST-ZIP	BROOKSVILLE FL 34601
TITLE	SEC
NAME	MICHELLE THOMASON
STREET ADDRESS	10361 YELLOW HAMMER RD
CITY-ST-ZIP	BROOKSVILLE FL 34614
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 817.155, F.S.

SIGNATURE: David S. Thomason DAVID S. THOMASON 6/28/22 352 232 4980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #