

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004803

Entity Name: ANCHOR OF OUR SOUL MINISTRIES, INC.**Current Principal Place of Business:**34275 CORTEZ BLVD.
RIDGE MANOR, FL 33523**Current Mailing Address:**34275 CORTEZ BLVD.
RIDGE MANOR, FL 33523**FEI Number: 59-3662238****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**PUENTES, FRED
35472 RANCHETTE BLVD
WEBSTER, FL 33597 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	PUENTES, FRED
Address	35472 RANCHETTE BLVD
City-State-Zip:	WEBSTER FL 33597

Title	SECRETARY
Name	PUENTES, MAYLEN
Address	335472 RANCHETTE BLVD
City-State-Zip:	WEBSTER FL 33597

Title	TREASURER
Name	AMUNDSEN, DINA
Address	807 DARBY LANE
City-State-Zip:	BROOKSVILLE FL 34601

Title	DIRECTOR
Name	PUENTES, NATHEN
Address	335472 RANCHETTE BLVD.
City-State-Zip:	WEBSTER FL 33597

Title	DIRECTOR
Name	PUENTES, LISETTE
Address	335472 RANCHETTE BLVD
City-State-Zip:	WEBSTER FL 33597

Title	DIRECTOR
Name	PEACH, MICHELLE
Address	20012 LEONARD ROAD
City-State-Zip:	LUTZ FL 33558

Title	DIRECTOR
Name	PEACH, RICHARD
Address	20012 LEONARD RD
City-State-Zip:	LUTZ FL 33558

Title	DIRECTOR
Name	KELLY, DARRYL
Address	34275 CORTEZ BLVD.
City-State-Zip:	RIDGE MANOR FL 33523

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I hereby 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 all other like empowered.

SIGNATURE: DINA AMUNDSEN**TREASURER****01/26/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KELLY, KAREN
Address 34275 CORTEZ BLVD.
City-State-Zip: RIDGE MANOR FL 33523

Title DIRECTOR
Name KELLY, IRIS
Address 34275 CORTEZ BLVD.
City-State-Zip: RIDGE MANOR FL 33523