

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743702

FILED
Apr 18, 2007
Secretary of State

Entity Name: ANCHORAGE OF CAPE CORAL, INC.

Current Principal Place of Business:

4020 S.E. 19TH. AVE.
CAPE CORAL, FL 33904 US

New Principal Place of Business:

Current Mailing Address:

4020 S.E. 19TH. AVE.
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 59-1886905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAAL, DONALD E
4116 SE 19TH AVE, APT A-201
CAPE CORAL, FL 33904 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: SHAW, ALBERT
Address: 4010 SE 19TH AVE D-201
City-St-Zip: CAPE CORAL, FL 33904

Title: TD () Delete
Name: SAAL, DONALD,
Address: 4116 SE 19TH AVE A-201
City-St-Zip: CAPE CORAL, FL 00000,

Title: SD () Delete
Name: SCHOEN, GERALDINE
Address: 4010 SE 19TH AVE D-201
City-St-Zip: CAPE CORAL, FL 33904

Title: VD () Delete
Name: DELUCIA, ANTHONY
Address: 4116 SE 19 AVE A-202
City-St-Zip: CAPE CORAL, FL 33904

Title: VD () Delete
Name: HOUDE, ARTHUR
Address: 4012 SE 19TH AVE C-104
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: SCHOEN, GERALDINE
Address: 4010 SE 19TH AVE D-202
City-St-Zip: CAPE CORAL, FL 33904

Title: VD (X) Change () Addition
Name: WYCKOFF, PHILIP,
Address: 4024 SE 19 AVE B-104
City-St-Zip: CAPE CORAL, FL 33904

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 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: DONALD E.SAAL

TD

04/18/2007

Electronic Signature of Signing Officer or Director

Date