

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743702

FILED  
Jan 20, 2009  
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:**

WYCKOFF, PHILIP J  
4024 SE 19TH AVE B104  
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: WYCKOFF, PHILIP J  
Address: 4024 SE 19TH AVE B104  
City-St-Zip: CAPE CORAL, FL 33904

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

Title: VD ( ) Delete  
Name: WYCKOFF, PHILIP  
Address: 4024 SE 19 AVE B-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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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: PHIL WYCKOFF

TREA

01/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date