

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90041 024 ****70.00

DOCUMENT # 759589

1. Entity Name

ANCHORAGE GROUP LIVING HOME, INC.



Principal Place of Business

5250 SE 122 AVE.
MORRISTON FL 32668

Mailing Address

5250 SE 122 AVE.
MORRISTON FL 32668

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2222301

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BAKALAR & EICHNER, P.A.
150 S. PINE ISLAND ROAD
SUITE 540
PLANTATION FL 33324~~

Name

Jacquelyn A. Pointing

Street Address (P.O. Box Number is Not Acceptable)

5250 SE 122 Avenue

City

Morrison

FL

Zip Code

32668

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

Jacquelyn A. Pointing (Jacquelyn Pointing) President

03-05-08

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	POINTING, JACQUELYN	5250 SE 122 AVE.	MORRISTON FL 32668	
DV	PADEWER, NANCY	5744 PINE TERR DR.	SANIBEL ISLAND FL 33959	
DT	KELLY, DANIEL	5251 SE 120 CT.	MORRISTON FL 32668	
D	KELLY, ANNE	5251 SE 12 CT.E	MORRISTON FL 32668	
D	PADEWER, HARVEY	5744 PINE TREE DR.	SANIBEL ISLAND FL 33959	
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jacquelyn A. Pointing President

03-05-08

352 486 2934