

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759589

FILED
Jan 31, 2009
Secretary of State

Entity Name: ANCHORAGE GROUP LIVING HOME, INC.

Current Principal Place of Business:

5250 SE 122 AVE.
MORRISTON, FL 32668

New Principal Place of Business:

Current Mailing Address:

5250 SE 122 AVE.
MORRISTON, FL 32668

New Mailing Address:

FEI Number: 59-2222301

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POINTING, JACQUELYN A
5250 SE 122 AVENUE
MORRISTON, FL 32668 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: DP () Delete
Name: POINTING, JACQUELYN
Address: 5250 SE 122 AVE.
City-St-Zip: MORRISTON, FL 32668

Title: DV () Delete
Name: PADEWER, NANCY
Address: 5744 PINE TERR DR.
City-St-Zip: SANIBEL ISLAND, FL 33959

Title: DT () Delete
Name: KELLY, DANIEL
Address: 5251 SE 120 CT.
City-St-Zip: MORRISTON, FL 32668

Title: D () Delete
Name: KELLY, ANNE
Address: 5251 SE 12 CT.E
City-St-Zip: MORRISTON, FL 32668

Title: D () Delete
Name: PADEWER, HARVEY
Address: 5744 PINE TREE DR.
City-St-Zip: SANIBEL ISLAND, FL 33959

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change () Addition
Name: PADEWER, NANCY
Address: 5744 PINE TREE DRIVE
City-St-Zip: SANIBEL ISLAND, FL 33957

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

Title: D (X) Change () Addition
Name: KELLY, ANNE
Address: 5251 SE 120 CT
City-St-Zip: MORRISTON, FL 32668

Title: D (X) Change () Addition
Name: PADEWER, HARVEY
Address: 5744 PINE TREE DR.
City-St-Zip: SANIBEL ISLAND, FL 33957

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: JACQUELYN A. POINTING

DP

01/31/2009

Electronic Signature of Signing Officer or Director

Date