

**ANNUAL REPORT**

**DOCUMENT # 763417**

1. Entity Name  
**ANCHOR BAPTIST CHURCH OF SEVILLE, FLA., INC.**



**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business  
**216 COUNTY ROAD 305  
SEVILLE, FL 32190**

Mailing Address  
**216 COUNTY ROAD 305  
SEVILLE, FL 32190**



01192007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3727976</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**LITZELL, LARRY PAS  
216 COUNTY ROAD 305  
SEVILLE, FL 32190**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

U000000611384  
02/02/07-80059-018 70.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COWART, O W 689 LAWSON RD SEVILLE, FL 32190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADDOCK, AUDIE 200 TURKEY SH. RD. SEVILLE, FL 32190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSLER, HENRY T P.O. BOX 511 LAKE COMO, FL 32157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Larry Litzell* **LARRY LITZELL** 1-2006 (386) 684-2316  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #