

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003705

FILED  
Apr 17, 2007  
Secretary of State

**Entity Name:** ANCHOR EDUCATIONAL FOUNDATION, INC.

**Current Principal Place of Business:**

% RAYMOND YORKE  
125 RICARDO WAY NORTHEAST  
ST. PETERSBURG, FL 33704

**New Principal Place of Business:**

**Current Mailing Address:**

% RAYMOND YORKE  
125 RICARDO WAY NORTHEAST  
ST. PETERSBURG, FL 33704

**New Mailing Address:**

**FEI Number:** 31-1715077

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

YORKE, RAYMOND  
125 RICARDO WAY NORTHEAST  
ST. PETERSBURG, FL 33704 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: YORKE, RAYMOND  
Address: 125 RICARDO WAY NE  
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: SD ( ) Delete  
Name: TAYLOR, MAJOR THOMAS  
Address: 201 PITMAN STREET  
City-St-Zip: PROVIDENCE, RI 02906

Title: TD ( ) Delete  
Name: JEFFERSON, DR. MILDRED  
Address: 101 FEDERAL STREET, SUITE 1900  
City-St-Zip: BOSTON, MA 02110

**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:

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: RAYMOND YORKE

PD

04/17/2007

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

\_\_\_\_\_  
Date