

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005100

FILED  
Apr 11, 2008  
Secretary of State

Entity Name: ANCHOR CHRISTIAN FELLOWSHIP, INC.

**Current Principal Place of Business:**

16045 SE 71ST TRAIL  
LAKE BUTLER, FL 32054

**New Principal Place of Business:**

**Current Mailing Address:**

16045 SE 71ST TRAIL  
LAKE BUTLER, FL 32054

**New Mailing Address:**

FEI Number: 06-1694503

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JARVIS, ROBERT D  
7066 S CR 231  
LAKE BUTLER, FL 32054 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: MT ( ) Delete  
Name: JARVIS, ROBERT D  
Address: 7066 S CR 231  
City-St-Zip: LAKE BUTLER, FL 32054

Title: MT ( ) Delete  
Name: PARRISH, BRAD R  
Address: PO BOX 430  
City-St-Zip: LACROSSE, FL 32658

Title: MT ( ) Delete  
Name: ROBERTS, TONY C  
Address: 10748 W CR 18  
City-St-Zip: LAKE BUTLER, FL 32054

Title: MT ( ) Delete  
Name: PRESTON, RONNIE L  
Address: 512 SE WALDRON TERR  
City-St-Zip: LAKE CITY, FL 32025

Title: MT ( ) Delete  
Name: SMITH, BRUCE A  
Address: RT 3 BOX 1540-C  
City-St-Zip: LAKE BUTLER, FL 32054

**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: ( ) 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 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: ROBERT JARVIS

MT

04/11/2008

Electronic Signature of Signing Officer or Director

Date