

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-31-2006 90001 048 \*\*\*\*61.25

<b>DOCUMENT # N05000007593</b> 1. Entity Name <b>ANCHOR BAPTIST CHURCH OF BREVARD, INC.</b>					
Principal Place of Business <b>1545 N. COCOA BLVD COCOA, FL 32922</b>				Mailing Address <b>1545 N. COCOA BLVD COCOA, FL 32922</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>56-2518726</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DAVIS, DONALD M DR 4525 HOOD AVE. TITUSVILLE, FL 32780</b>				7. Name and Address of New Registered Agent Name <b>DONALD M. DAVIS, DR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2461 HEMINGWAY LN. # 104</b> City <b>MERRITT ISLAND</b> <b>FL</b> Zip Code <b>32953</b>	
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 <u><i>Donald Davis</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>7/26/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DAVIS, DONALD M</b> <b>4525 HOOD AVE.</b> <b>TITUSVILLE, FL 32780</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>HALL, JERRY</b> <b>5453 HOLDEN RD.</b> <b>PORT ST. JOHN, FL 32927</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BECKER, CHUCK</b> <b>2195 N. TROPICAL TRAIL</b> <b>MERRITT ISLAND, FL 32953</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DILLARD, SCOTT</b> <b>6350 BETTY AVE.</b> <b>PORT ST. JOHN, FL 32927</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
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: <u><i>Donald M. Davis</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>7/26/06</u> Daytime Phone # <u>321-626-2722</u>	