

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006367

FILED
Jan 16, 2009
Secretary of State

Entity Name: ANCHORS AWAY FOUNDATION, INC

Current Principal Place of Business:

20900 NE 30TH AVE, SUITE 410
MIAMI, FL 33180 US

New Principal Place of Business:

20900 NE 30TH AVE, SUITE 410
AVENTURA, FL 33180 US

Current Mailing Address:

20900 NE 30TH AVE, SUITE 410
MIAMI, FL 33180 US

New Mailing Address:

20900 NE 30TH AVE, SUITE 410
AVENTURA, FL 33180 US

FEI Number: 33-1169852

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ADLER, ELAINE
20900 NE 30TH AVE, SUITE 410
MIAMI, FL 33180 US

Name and Address of New Registered Agent:

ADLER, ELAINE
20900 NE 30TH AVE, SUITE 410
AVENTURA, FL 33180 US

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:

01/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JOEL, WILLIAM
Address: 2600 ISLAND BLVD APT#704
City-St-Zip: AVENTURA, FL 33160 US

Title: D () Delete
Name: SCHULMAN, CLIFFORD
Address: 1221 BRICKELL AVENUE 23RD FLOOR
City-St-Zip: MIAMI, FL 33131 US

Title: D () Delete
Name: ADLER, ELAINE
Address: 20900 NE 30TH AVE STE 410
City-St-Zip: MIAMI, FL 33180 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JOEL, WILLIAM
Address: 2600 ISLAND BLVD APT#704
City-St-Zip: AVENTURA, FL 33160 US

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

Title: D (X) Change () Addition
Name: ADLER, ELAINE
Address: 20900 NE 30TH AVE STE 410
City-St-Zip: AVENTURA, FL 33180 US

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: ELAINE ADLER

D

01/16/2009

Electronic Signature of Signing Officer or Director

Date