2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003468

Entity Name: ANCHOR OF HOPE INC.

FILED Apr 14, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

1060 HASTE LANE 7319 SE HOBE TERRACE ENGLEWOOD, FL 324434449 HOBE SOUND, FL 33455

Current Mailing Address: New Mailing Address:

1060 HASTE LANE 7319 SE HOBE TERRACE ENGLEWOOD, FL 324434449 HOBE SOUND, FL 33455

FEI Number: 26-4667036 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

PERRY, JOHN S
1060 HASTE LANE
ENGLEWOOD, FL 324434449 US
PERRY, JOHN S
7319 SE HOBE TERRACE
HOBE SOUND, FL 33455 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: 04/14/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: PERRY, JOHN S Name: PERRY, JOHN S

 Address:
 1060 HASTE LANE
 Address:
 7319 SE HOBE TERRACE

 City-St-Zip:
 ENGLEWOOD, FL 324434449
 City-St-Zip:
 HOBE SOUND, FL 33455

Title: VPD () Delete Title: VPD (X) Change () Addition Name: PERRY, TERESA A Name: PERRY, TERESA A

Address: 1060 HASTE LANE Address: 7319 SE HOBE TERRACE
City-St-Zip: ENGLEWOOD, FL 324434449 City-St-Zip: HOBE SOUND, FL 33455

Title: SD () Delete Title: STD (X) Change () Addition Name: GARDNER, SUSAN Name: GARDNER, SUSAN

Address: 378 SYCAMORE SPRINGS PLACE Address: BOCA GRANDE CLUB, P.O. BOX 608

City-St-Zip: MOUNTAIN HOME, AR 72653 City-St-Zip: BOCA GRANDE, FL 33921

Title: TD (X) Delete Title: () Change () Addition

 Title:
 TD
 (X) Delete
 Title:

 Name:
 HICKS, MARK S
 Name:

 Address:
 1000 S. OXFORD DR.
 Address:

 City-St-Zip:
 ENGLEWOOD, FL 34223
 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: JOHN S. PERRY P 04/14/2009