FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 FEB 17 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14773 (8)

1. Corporation Name
ANCHOR CHRISTIAN CHURCH INC.

Principal Place of Business
11651 EAST TERRY STREET
BONITA SPRINGS FL 33923

Mailing Address
11651 EAST TERRY STREET
BONITA SPRINGS FL 33923

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1986
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2571400 — Applied For / Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $61.25 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
ROSEMAN, AL
27198 ELAINE DR
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent
81 Name: LESLIE RENGSTORFF
82 Street Address (P.O. Box Number Is Not Acceptable): 25815 HICKORY BLVD. #1
83
84 City: BONITA SPRINGS FL
85 Zip Code: 33923

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: L H Rengstorff (Signature, typed or printed name of registered agent and title if applicable) — 2/2/95 DATE
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROSEMAN, AL
STREET ADDRESS	27198 ELAINE DR
CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	VPD
NAME	O'HARA, BRIAN
STREET ADDRESS	108 CURRACAO LN
CITY-ST-ZIP	BONITA SPGS FL
TITLE	T
NAME	CHRISTY DAVIDSON
STREET ADDRESS	11543 MCKENNA
CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	S
NAME	MAYER, RICHARD
STREET ADDRESS	25501 TROST BLVD 10-63
CITY-ST-ZIP	BONITA SPGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☑ Change ☐ Addition
1.2 NAME	LESLIE RENGSTORFF	
1.3 STREET ADDRESS	25815 HICKORY BLVD #1	
1.4 CITY-ST-ZIP	BONITA SPRINGS, FL 33923	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	T	☑ Change ☐ Addition
3.2 NAME	DEBBIE HARVEY	
3.3 STREET ADDRESS	27459 POLLARD DRIVE	
3.4 CITY-ST-ZIP	BONITA SPRINGS, FL 33923	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard W Mayer (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) — 1/12/95 Date — 813-947-4047 Daytime Phone #

0000154