

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14773

1. Entity 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 34135-6124

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2571400

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUNDER, CURT
4739 RIVERSIDE DR
ESTERO FL 33928

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME GUNDER, CURTIS
STREET ADDRESS 4739 RIVERSIDE DR
CITY-ST-ZIP ESTERO FL 33928

TITLE VPD ☐ Delete
NAME O'HARA, BRIAN
STREET ADDRESS 106 CURACAO LANE
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE T ☐ Delete
NAME GUNDER, LYNDON
STREET ADDRESS 3501 MUSCADINE LANE
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE S ☐ Delete
NAME CLARK, ROBERT
STREET ADDRESS 21701 SUNGATE CT
CITY-ST-ZIP ESTERO FL 33928

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/2000 941-948-1200

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED

Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90024 041 ****61.25