FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE REQUIRED

SIGNATURE:

Mar 14, 2001 8:00 am Secretary of State **DOCUMENT # N14773** 02-15-2001 90078 030 ****61.25 ANCHOR CHRISTIAN CHURCH INC. Principal Place of Business Mailing Address 11651 EAST TERRY STREET 11651 EAST TERRY STREET BONITA SPRINGS FL 33923 BONITA SPRINGS FL 33923 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2571400 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required B.-Name and Address of Current Registered Agent: -7. Name and Address of New Registered Agent --BRIAN Street Address (P.O. Box Number is Not Acceptable) 106 CURACAO L **GUNDER, CURT** 4739 RIVERSIDE DRI ESTERO FL 33928 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. (NOTE: Registered Agent signature required when retristating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PO TITLE Coleta Coleta PD TITLE Change ☐ Addition BRIAN OHARA **GUNDER, CURTIS** NAME NAME 106 CURACAO LANE 4739 RIVERSIDE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ESTERO FL 33928 CITY-ST-ZIP BON ITA STRINGS FL VPD TITLE Delete TITLE MAURICE MARTINDALE BChange O'HARA, BRIAN NAME NAME 1243 WIND SWEPT AUE. STREET ADDRESS 106 CURAÇÃO LANE STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS FL 34134 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GUNDER-LYNDON === NAME NAME STREET ADDRESS 3501 MUSCADINE LANE STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34135** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change CLARK, ROBERT NAME NAME STREET ADDRESS 21701 SUNGATE CT STREET ADDRESS CITY-ST-ZIP ESTERO FL 33928 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-\$T-ZIP 12. I hereby certify that the information supplied with this filling 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.