

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14773

FILED
Jan 17, 2006
Secretary of State

Entity Name: ANCHOR CHRISTIAN CHURCH INC.

Current Principal Place of Business:

11651 EAST TERRY STREET
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

11651 EAST TERRY STREET
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 59-2571400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, D. JOSEPH
28418 VERDE LANE
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, D. JOSEPH
Address: 28418 VERDE LANE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VPD () Delete
Name: GREGG, RICHARD
Address: 25331 FAIRWAY DUNES CT
City-St-Zip: BONITA SPRINGS, FL 34135

Title: T () Delete
Name: JONES, ELLIS
Address: 25750 IMPATIENS COURT
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S () Delete
Name: MCFARLAND, GLENN
Address: 25654 CITRUS BLOSSOM DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: BARRON, ALLEN
Address: 11439 PEMBROOK RUN
City-St-Zip: ESTERO, FL 33928

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: D. JOSEPH WILLIAMS

PD

01/17/2006

Electronic Signature of Signing Officer or Director

Date