

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N93000001000

1. Entity Name
ANCHOR HOUSE, INC.



Principal Place of Business
**13285 EASTERN AVE
PALMETTO, FL 34221**

Mailing Address
**13285 EASTERN AVE
PALMETTO, FL 34221**



01092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0397908

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**RITSEMA, ROBERT D
5343 90TH AVENUE CIRCLE E.
PARRISH, FL 34219**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	BODE, JAMES
STREET ADDRESS	11 PALM HARBOR DR
CITY-ST-ZIP	HOMES BEACH, FL 34217
TITLE	PCD
NAME	HOWES, ALLEN
STREET ADDRESS	7537 BOTANICA PKWY.
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	TD
NAME	LEUNK, RON
STREET ADDRESS	2014 84TH STREET CIRCLE, N.W.
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	VD
NAME	COOPER, STEVE
STREET ADDRESS	13918 18TH PL. E.
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	D
NAME	EVANSON, HELEN
STREET ADDRESS	6201 US 41 NORTH, #2149
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	MD
NAME	RITSEMA, ROBERT
STREET ADDRESS	5343 90TH AVENUE CIRCLE E.
CITY-ST-ZIP	PARRISH, FL 34219

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01/17/07-80072-023 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date

Daytime Phone #

1-10-07