

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N94000004203 (5)**

1. Corporation Name

**ANCHOR HOUSE DEVELOPMENT FOUNDATION, INC.**

Principal Place of Business

**3000 K-VILLE AVE  
AUBURNDALE FL 33823**

Mailing Address

**PO BOX 625  
AUBURNDALE FL 33823-0625  
US**

3. Date Incorporated or Qualified

**08/26/1994**

3a. Date of Last Report

**02/28/1996**

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

2a. Mailing Address

**26**

Suite, Apt. #, etc.

22. City & State

**23**

Zip

Country

27. City & State

**28**

Zip

Country

4. FEI Number

**59-3272311**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

**ROMOSER, BILL  
4829 ARMITAGE PLACE  
LAKELAND FL 33801**

10. Name and Address of New Registered Agent

**81**

Name

**Lou Huppenthal**

**82**

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

**4569 Dublin Place**

**83**

**84**

City

**Lakeland**

**FL**

**85**

Zip Code

**33801**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of individual signatory and title if applicable.

(NOTE: Registered Agent signature)

Date when reinstating

**5-6-97**

DATE

12. OFFICERS AND DIRECTORS

TITLE

**D**

**HUPPENTHAL, LOU  
4569 DUBLIN PLACE  
LAKELAND FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**D**

**POITRAS, TED  
27 B MOORE RD  
HAINES CITY FL 33844**

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**D**

**ROMOSER, BILL  
4829 ARMITAGE PL  
LAKELAND FL 33801**

☒ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**D  
Michael Salvato  
1703 W. Palmetto**

**Plant City, FL. 33567**

☐ Change

☐ Addition

4.1 TITLE

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

14. I do 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 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

**LOUIS HUPPENTHAL**

**LOUIS HUPPENTHAL**

Date

Daytime Phone #

**0063250**

CR2E037 (9/96)