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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000005445

1. Corporation Name
ANCHORPOINT MINISTRIES, INC.

Principal Place of Business Mailing Address
 355 BENT OAK 355 BENT OAK
 ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/02/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0538507	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
23. Zip Country		28. Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WATERS, JAMES 355 BENT OAK ROYAL PALM BEACH FL 33411				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATERS, JAMES	1.2 NAME	
STREET ADDRESS	355 BENT OAK	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DSV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATERS, ELAINE	2.2 NAME	
STREET ADDRESS	355 BENT OAK	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGGS, DAVID	3.2 NAME	
STREET ADDRESS	345 DATE PALM	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PARK FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPPARD, ALLAN G	4.2 NAME	
STREET ADDRESS	237 SEACREST LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33444	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNINGS, DEBORAH	5.2 NAME	
STREET ADDRESS	355 BENT OAK	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** 4/20/99 (561) 758-8476
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/198)