

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90013 031 ****61.25

DOCUMENT # N94000005445

1. Entity Name

ANCHORPOINT MINISTRIES, INC.

Principal Place of Business

Mailing Address

**355 BENT OAK
 ROYAL PALM BEACH FL 33411**

**355 BENT OAK
 ROYAL PALM BEACH FL 33411-8658**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0538507

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WATERS, JAMES
 355 BENT OAK
 ROYAL PALM BEACH FL 33411**

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	WATERS, JAMES	
STREET ADDRESS	355 BENT OAK	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	DSV	<input type="checkbox"/> Delete
NAME	WATERS, ELAINE	
STREET ADDRESS	355 BENT OAK	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BIGGS, DAVID	
STREET ADDRESS	345 DATE PALM	
CITY-ST-ZIP	LAKE PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEPPARD, ALLAN G	
STREET ADDRESS	237 SEACREST LANE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	D	<input type="checkbox"/> Delete
NAME	JENNINGS, DEBORAH	
STREET ADDRESS	355 BENT OAK	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE		<input type="checkbox"/> Delete

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONG, BRYANT	
STREET ADDRESS	1311 LINDSEY COURT	
CITY-ST-ZIP	WELLINGTON FL 33414	

12. 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 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: **JAMES WATERS**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25, April, 2000 (561) 798-8476

Date Daytime Phone #

CR2E037 (9/99)