

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005445

FILED
Apr 27, 2005
Secretary of State

Entity Name: ANCHORPOINT MINISTRIES, INC.

Current Principal Place of Business:

1965 SW 3RD STREET
OKEECHOBEE, FL 349743977

New Principal Place of Business:

Current Mailing Address:

1965 SW 3RD STREET
OKEECHOBEE, FL 349743977

New Mailing Address:

FEI Number: 65-0538507 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATERS, JAMES
1965 SW 3RD STREET
OKEECHOBEE, FL 349743977 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: DP () Delete
Name: WATERS, JAMES
Address: 1965 SW 3RD STREET
City-St-Zip: OKEECHOBEE, FL 349743977

Title: DST () Delete
Name: WATERS, ELAINE
Address: 1965 SW 3RD STREET
City-St-Zip: OKEECHOBEE, FL 349743977

Title: D () Delete
Name: JENNINGS, DEBORAH
Address: 8644 FOLEY DR
City-St-Zip: ORLANDO, FL 32825

Title: DV () Delete
Name: LONG, BRYANT
Address: 1811 LINDSEY COURT
City-St-Zip: WEST PALM BEACH, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: JENNINGS, DEBORAH
Address: 200 DANVILL DR.
City-St-Zip: ORLANDO, FL 32825

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 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 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: JAMES WATERS

DP

04/27/2005

Electronic Signature of Signing Officer or Director

_____ Date