

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 25, 2006  
Secretary of State**

DOCUMENT# N94000005445

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: 200 DANVILL 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 Chapter 119, 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

04/25/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date