


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90020 003 ****61.25

DOCUMENT # N95000000552 1. Entity Name ANCHOR FOUNDATION, INC.					
Principal Place of Business 330 WEST BEARSS AVENUE TAMPA, FL 33613-1228				Mailing Address 330 WEST BEARSS AVENUE TAMPA, FL 33613-1228	
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 59-3317175	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HANKE, DOUGLAS P 330 WEST BEARSS AVENUE TAMPA, FL 33613-1228				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PTD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANKE, DOUGLAS P			NAME	
STREET ADDRESS	330 WEST BEARSS AVENUE			STREET ADDRESS	
CITY-ST- ZIP	TAMPA, FL 336131228			CITY-ST- ZIP	
TITLE	DV <input checked="" type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVERY, DON			NAME	
STREET ADDRESS	4670 SOUTH HIGHWAY A1A			STREET ADDRESS	
CITY-ST- ZIP	MELBOURNE BEACH, FL 32951			CITY-ST- ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDMISTON, MARIE			NAME	
STREET ADDRESS	2949 PEEL AVE			STREET ADDRESS	
CITY-ST- ZIP	ORLANDO, FL 32806			CITY-ST- ZIP	
TITLE	DS <input type="checkbox"/> Delete			TITLE	Baltzell, Michael <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALTZELL, MICHAEL			NAME	
STREET ADDRESS	3308 W. GRANADA			STREET ADDRESS	
CITY-ST- ZIP	TAMPA, FL 33629			CITY-ST- ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOVER, WANDA			NAME	
STREET ADDRESS	900 BOTANY LANE			STREET ADDRESS	
CITY-ST- ZIP	ROCKLEDGE, FL 32955			CITY-ST- ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dail Pribil			NAME	
STREET ADDRESS	2500 Lee Road Apt 221			STREET ADDRESS	
CITY-ST- ZIP	WINTER PARK, FL 32789			CITY-ST- ZIP	
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: <u>Douglas P. Hanke, President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>1/26/04</u> Daytime Phone #: <u>813-561-5926</u>	