


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90026 029 ****61.25

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|--|---------------------------------|--|--|---|--|
| 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"/> | | | | \$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 | | |
| | | | 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. 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, 2005 | | 9. Election Campaign Financing <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 NAME HANKE, DOUGLAS P STREET ADDRESS 330 WEST BEARSS AVENUE CITY-ST-ZIP TAMPA, FL 33613228 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE DVP NAME EDMISTON, MARIE STREET ADDRESS 2949 PEEL AVE CITY-ST-ZIP ORLANDO, FL 32806 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE DS NAME PALTZELL, MICHAEL STREET ADDRESS 3308 W. GRANADA CITY-ST-ZIP TAMPA, FL 33629 | <input type="checkbox"/> Delete | | TITLE NAME Baltzell STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D NAME HOOVER, WANDA STREET ADDRESS 900 BOTANY LANE CITY-ST-ZIP ROCKLEDGE, FL 32955 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D NAME PRIBIL, DAIL STREET ADDRESS 2500 LE POND APT 221 CITY-ST-ZIP WINTER PARK, FL 32789 | <input type="checkbox"/> Delete | | TITLE NAME Lee Road STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <i>Douglas P. Hanke, President</i> | | | 1/10/05 813-961-5926 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |
| <i>Douglas P. Hanke, President</i> | | | | | |