


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000000552 1. Entity Name ANCHOR FOUNDATION, INC.	
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Principal Place of Business 330 WEST BEARSS AVENUE TAMPA, FL 33613-1228	Mailing Address 330 WEST BEARSS AVENUE TAMPA, FL 33613-1228
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3317175	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HANKE, DOUGLAS P 330 WEST BEARSS AVENUE TAMPA, FL 33613-1228

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IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	U000000578907 01/09/07-80047-019 61.25 DATE
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD HANKE, DOUGLAS P 330 WEST BEARSS AVENUE TAMPA, FL 336131228
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP EDMISTON, MARIE 2949 PEEL AVE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BALTZELL, MICHAEL 3308 W. GRANADA TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOOVER, WANDA 900 BOTANY LANE ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRIBIL, DAIL 2500 LE POND APT 221 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>1/3/07</u> Date	<u>013-961-5926</u> Daytime Phone #
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