

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000552

FILED
Jan 07, 2008
Secretary of State

Entity Name: ANCHOR FOUNDATION, INC.

Current Principal Place of Business:

330 WEST BEARSS AVENUE
TAMPA, FL 336131228

New Principal Place of Business:

25 PINE VALLEY CIRCLE
ORMOND BEACH, FL 32174

Current Mailing Address:

330 WEST BEARSS AVENUE
TAMPA, FL 336131228

New Mailing Address:

25 PINE VALLEY CIRCLE
ORMOND BEACH, FL 32174

FEI Number: 59-3317175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANKE, DOUGLAS P
330 WEST BEARSS AVENUE
TAMPA, FL 336131228 US

Name and Address of New Registered Agent:

ANTHONY, JOHN
25 PINE VALLEY CIRCLE
ORMOND BEACH, FL 32174 US

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: JOHN ANTHONY

01/07/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: HANKE, DOUGLAS P
Address: 330 WEST BEARSS AVENUE
City-St-Zip: TAMPA, FL 336131228

Title: DVP () Delete
Name: EDMISTON, MARIE
Address: 2949 PEEL AVE
City-St-Zip: ORLANDO, FL 32806

Title: DS () Delete
Name: BALTZELL, MICHAEL
Address: 3308 W. GRANADA
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: HOOVER, WANDA
Address: 900 BOTANY LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D (X) Delete
Name: PRIBIL, DAIL
Address: 2500 LE POND APT 221
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: ANTHONY, JOHN
Address: 25 PINE VALLEY CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: VPSD (X) Change () Addition
Name: SEEGER, LYNNE
Address: 6 SLOW STREAM WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Change () Addition
Name: OLIVERO, LISA
Address: 2 MARJORIE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Change () Addition
Name: ANTHONY, TIFFANY
Address: 25 PINE VALLEY CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

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

I hereby certify that the information supplied with this filing does not qualify 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: JOHN ANTHONY

PRES

01/07/2008

Electronic Signature of Signing Officer or Director

Date