

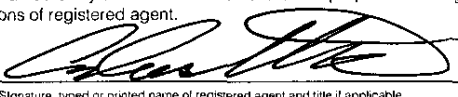
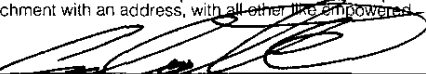


2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N98000001478 1. Entity Name ANCHOR MINISTRIES, INC.						FILED 04 AUG 11 AM 9:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 101 N. RIVERSIDE DR. STE 209W POMPANO BEACH, FL 33062 US				Mailing Address 101 N. RIVERSIDE DR. STE 209W POMPANO BEACH, FL 33062 US			
2. Principal Place of Business 600 SW 3 rd STREET Suite, Apt. #, etc.				3. Mailing Address 2637 E. ATLANTIC BLVD Suite, Apt. #, etc. #157			
City & State POMPANO BEACH, FL Zip 33060 Country BROWARD				City & State POMPANO BEACH, FL Zip 33062 Country BROWARD			
4. FEI Number 65-0820876				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CASTLES, CRIS 101 N. RIVERSIDE DR. STE 209W POMPANO BEACH, FL 33062				7. Name and Address of New Registered Agent 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  <small>Signature, typed or printed name of registered agent and title if applicable</small>				6/29/04 <small>DATE</small>			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CASTLES, CRIS 101 N. RIVERSIDE DR. STE 209W POMPANO BEACH, FL 33062	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. GENTRY, CHERYL 600 SW 3 rd STREET POMPANO BEACH, FL 33060		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTLES, PIKE 2100 S. OCEAN LANE #812 FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. CASTLES, KIM 600 SW 3 rd STREET POMPANO BEACH, FL 33060		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BARNES, BRETT 5330 NE 16 AVE FORT LAUDERDALE, FL 33334	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	65-0820876 08/23/04-01068-022 ***\$1.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIMM, DAVID 1830 NW 33 CT OAKLAND PARK, FL 33309	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000040431470 08/23/04-01068-022 ***\$1.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MISEMER, NORRIS 3119 E MCKINNEY 3 DENTON, TX 76208	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORALES, DANIEL 200 NW 18 ST POMPANO BEACH, FL 33060	<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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
<small>Date</small>							
<small>Daytime Phone #</small>							