

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90051 005 \*\*\*\*61.25

**DOCUMENT # N99000004388**

1. Entity Name  
**ANCHORAGE FOUNDATION, INC.**



Principal Place of Business  
2121 LIENBY AVENUE  
PANAMA CITY, FL 32405

Mailing Address  
2121 LIENBY AVENUE  
PANAMA CITY, FL 32405

64017550



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02172004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3589744**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WARNER, WILLIAM G**  
**221 MCKENZIE AVENUE**  
**PANAMA CITY, FL 32401**

**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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE VP ☐ Delete  
NAME **BAKER, ERIC**  
STREET ADDRESS **1813 THOMAS DR STE 7**  
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32408**

TITLE P ☒ Delete  
NAME **BARNARD, BOB**  
STREET ADDRESS **904 BRANDEIS AVE**  
CITY-ST-ZIP **PANAMA CITY, FL 32405**

TITLE D ☐ Delete  
NAME **CLOUD, BARBARA**  
STREET ADDRESS **4310 TRANSMITTER ROAD**  
CITY-ST-ZIP **PANAMA CITY, FL 32404**

TITLE PD ☒ Delete  
NAME **MAYO, CLINT**  
STREET ADDRESS **2916 FAIRMONT DRIVE**  
CITY-ST-ZIP **PANAMA CITY, FL 32405**

TITLE T ☐ Delete  
NAME **JOHNSON, JOHN**  
STREET ADDRESS **128 PALM CROSSING BLVD.**  
CITY-ST-ZIP **PANAMA CITY, FL 32408**

TITLE S ☒ Delete  
NAME **TUNNELL, GUY**  
STREET ADDRESS **3421 N. HWY 77**  
CITY-ST-ZIP **PANAMA CITY, FL 32405**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **P** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Barbara Cloud* **Barbara Cloud**

**850 763-7102**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/2/04**

Daytime Phone #

**Executive Director**

Attachment

24017596

#N99000004388

Anchorage Foundation, Inc.

59-3589744

Officers and Directors

VP

Karen Tucker

1503 Massachusetts Ave

Lynn Haven, FL 32444

S

Terri Kinsey

2507 Parkwood Drive

Panama City, FL 32405