

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004388

FILED  
Feb 28, 2006  
Secretary of State

Entity Name: ANCHORAGE FOUNDATION, INC.

**Current Principal Place of Business:**

2121 LISEBY AVENUE  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

2121 LISEBY AVENUE  
PANAMA CITY, FL 32405

**New Mailing Address:**

FEI Number: 59-3589744

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BAKER, ERIC  
Address: 1813 THOMAS DR STE 7  
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: D ( ) Delete  
Name: CLOUD, BARBARA  
Address: 4310 TRANSMITTER ROAD  
City-St-Zip: PANAMA CITY, FL 32404

Title: T ( ) Delete  
Name: JOHNSON, JOHN  
Address: 128 PALM CROSSING BLVD.  
City-St-Zip: PANAMA CITY, FL 32408

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: FOUNTAIN, WES  
Address: 449 W. 23RD STREET  
City-St-Zip: PANAMA CITY, FL 32405

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

Title: P (X) Change ( ) Addition  
Name: JOHNSON, JOHN  
Address: 128 PALM CROSSING BLVD.  
City-St-Zip: PANAMA CITY, FL 32408

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA CLOUD

D

02/28/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date