2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N04000003607

Entity Name: ROPIN' THE TRUTH RANCH, INC.

Current Principal Place of Business:

370 JOHNS RD
HOLT, FL 32564

New Principal Place of Business:

Current Mailing Address:

370 JOHNS RD
HOLT, FL 32564

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BISHOP, JAMES M
5602 BUCK WARD RD
BAKER, FL 32531 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: DP ( ) Delete
Name: BISHOP, JAMES M
Address: 5602 BUCK WARD RD
City-St-Zip: BAKER, FL 32531

Title: DV ( ) Delete
Name: BRACEWELL, DAVID L JR
Address: 370 JOHNS ROAD
City-St-Zip: HOLT, FL 32564

Title: DST ( ) Delete
Name: FRAZIER, TED
Address: 162 TOOKSOLONG LN
City-St-Zip: HOLT, FL 32564

Title: D ( ) Delete
Name: MOORE, BENJAMIN D
Address: 162 TOOKSOLONG LN
City-St-Zip: HOLT, FL 32564

Title: D ( ) Delete
Name: FRAZIER, KAREN
Address: 162 TOOKSOLONG LN
City-St-Zip: HOLT, FL 32564

Title: D ( ) Delete
Name: WILLIAMSON, TAMMY R
Address: 162 TOOKSOLONG LN
City-St-Zip: HOLT, FL 32564

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change ( ) Addition
Name: WILLIAMSON, CANDICE D
Address: 162 TOOKSOLONG LN
City-St-Zip: HOLT, FL 32564

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

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: TED D. FRAZIER DST 04/30/2008

Electronic Signature of Signing Officer or Director Date