


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 715228 1. Entity Name FLORIDA BOYS RANCH FOUNDATION, INC.	
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Principal Place of Business 6010 STATE ROAD 33 CLERMONT, FL 34736-2514 US	Mailing Address P. O. BOX 635 GROVELAND, FL 34736-0635 US
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DO NOT WRITE IN THIS SPACE

FILED
Sep 23, 2008 08:00 AM
Secretary of State



09122008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-8212420	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VARVEL, DOYLE 6010 SR-33 CLERMONT, FL 34711
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS WINSHIP, BEVERLY 3530 GREATBEAR CT. ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST SKYLES, PATSY 11140 HASKELL DR CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD VARVEL, DOYLE 6010 SR-33 CLERMONT, FL 32711,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST PATTERSON, SANDRA 2003 EAST LAKE DR ZELLWOOD, FL 32798
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 	9-12-08 352-394-6311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #