

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03373</b>	
1. Entity Name NEW LIFE RANCH, INC.	
Principal Place of Business 3140 NW 20TH ST BELL, FL 32619-9802 US	Mailing Address 3140 NW 20TH ST BELL, FL 32619-9802 US



03292005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2453268	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BURT, THEODORE M. ESQ 114 NE FIRST ST TRENTON, FL 32693	<b>DO NOT WRITE IN THIS SPACE</b>
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6. 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, 2005**

9. Election Campaign Financing ☐ **\$5.00 May Be  
Trust Fund Contribution. Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HINES, PHILIP A. RT 2 BOX 2014 BELL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELL, RICHARD A 3313 NW 14TH AVE POMPANO BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, JEAN M. 521 E WADE ST TRENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S INTERIAL, BARBARA PO BOX 1703, NA CHIEFLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HINES, PATRICIA A. RT 2, BOX 2014 BELL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVENS, JULIE A 3313 NW 14TH AVE POMPANO, FL

U00000284268  
04/01/05-80063-003 61.25

**DO NOT WRITE  
IN THIS SPACE**

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** Patricia A. Hines - Patricia A. Hines Treasurer - 3/31/05 352-463-6679  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone