2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007
Secretary of State

DOCUMENT# N03373

Entity Name: NEW LIFE RANCH, INC.

Current Principal Place of Business:

3140 NW 20TH ST
BELL, FL 326199802 US

New Principal Place of Business:

Current Mailing Address:

3140 NW 20TH ST
BELL, FL 326199802 US

New Mailing Address:

FEI Number: 59-2453268 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURT, THEODORE M. ESQ
114 NE FIRST ST
TRENTON, FL 32693 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:	VP	( ) Delete
Name:	HINES, PHILIP A.	
Address:	RT 2 BOX 2014	
City-St-Zip:	BELL, FL	
Title:	PD	( ) Delete
Name:	BELL, RICHARD A	
Address:	3313 NW 14TH AVE	
City-St-Zip:	POMPANO BCH, FL	
Title:	D	( ) Delete
Name:	BELL, JEAN M.	
Address:	521 E WADE ST	
City-St-Zip:	TRENTON, FL	
Title:	S	( ) Delete
Name:	INTERIAL, BARBARA,	
Address:	PO BOX 1703, NA	
City-St-Zip:	CHIEFLAND, FL	
Title:	TD	( ) Delete
Name:	HINES, PATRICIA A.,	
Address:	RT 2, BOX 2014	
City-St-Zip:	BELL, FL	
Title:	D	( ) Delete
Name:	ALVENS, JULIE A	
Address:	3313 NW 14TH AVE	
City-St-Zip:	POMPANO, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	VP	(X) Change ( ) Addition
Name:	HINES, PHILIP A.	
Address:	3140 N.W. 20TH ST.	
City-St-Zip:	BELL, FL	
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:		( ) 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 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: PATRICIA A. HINES T/D 03/23/2007

Electronic Signature of Signing Officer or Director — Date