


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90017 040 ****61.25

DOCUMENT # N0700J003047 1. Entity Name BABCOCK RANCH, INC.					
Principal Place of Business 215 S. MONROE ST., 2ND FLOOR TALLAHASSEE, FL 32301				Mailing Address PO BOX 10095 TALLAHASSEE, FL 32302	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 26-0232644	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAFLEY, R.Z. 215 S. MONROE ST., 2ND FLOOR TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAFLEY, SANDY 3900 COMMONWEALTH BLVD MAIL STATION 100 TALLAHASSEE, FL 323993000	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Safley, R.Z. 215 S. Monroe St, 2nd Floor Tallahassee, FL 32301	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULLER, MANLEY 3900 COMMONWEALTH BLVD MAIL STATION 100 TALLAHASSEE, FL 323993000	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,T FULLER, MANLEY 215 S. Monroe Street, 2nd Floor Tallahassee, FL 32301	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIGHTSEY, CARY 3900 COMMONWEALTH BLVD MAIL STATION 100 TALLAHASSEE, FL 323993000	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILCOX, WILLIAM H. 215 S. Monroe Street, 2nd Floor Tallahassee, FL 32301	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWAIN, HILARY 3900 COMMONWEALTH BLVD MAIL STATION 100 TALLAHASSEE, FL 323993000	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Swain, Hilary 215 S. Monroe Street, 2nd Floor Tallahassee, FL 32301	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TANNER, GEORGE 3900 COMMONWEALTH BLVD MAIL STATION 100 TALLAHASSEE, FL 323993000	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tanner, George 215 S. Monroe Street, 2nd Floor Tallahassee, FL 32301	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMOND, BILL 3900 COMMONWEALTH BLVD MAIL STATION 100 TALLAHASSEE, FL 323993000	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hammond, Bill 215 S. Monroe Street, 2nd Floor Tallahassee, FL 32301	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-2-08 850-222-3533 <small>Date Daytime Phone #</small>		

Additions:

ATTACHMENT

60023911

#N07000003047

D

Bryan, James

215 S. Monroe Street, 2nd Floor

Tallahassee, FL. 32301

D

Lindblad, Erick A.

215 S. Monroe Street, 2nd Floor

Tallahassee, FL. 32301