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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # N92000000615 (6)

1. Corporation Name

TRIPLE CROSS RANCH, INC.

Principal Place of Business	Mailing Address
8062 N.W. 144TH TRAIL OKEECHOBEE FL 34972 US	8062 N.W. 144TH TRAIL OKEECHOBEE FL 34972 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1992
3a. Date of Last Report: 03/07/1994
4. FEI Number: 65-0373112 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

COOK, JOHN R
202 N.W. 5TH AVENUE
OKEECHOBEE FL 34972

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	D.	☐ Change ☒ Addition
NAME	DECARLO, FRANK	1.2 NAME	Rev. Tony Billingtons	
STREET ADDRESS	8062 N.W. 144TH TRAIL	1.3 STREET ADDRESS	10840 NE 112th St.	
CITY-ST-ZIP	OKEECHOBEE FL 34974	1.4 CITY-ST-ZIP	OKEECHOBEE FL.	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	FRASER, SCOTT	2.2 NAME		
STREET ADDRESS	7712 HWY 441 SE	2.3 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	MCCORMICK, DWAINE	3.2 NAME		
STREET ADDRESS	7595 N.E. 128TH AVENUE	3.3 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL 34972	3.4 CITY-ST-ZIP		
TITLE	STD	4.1 TITLE		☐ Change ☐ Addition
NAME	DECARLO, KIMBERLY A	4.2 NAME		
STREET ADDRESS	8062 N.W. 144TH TRAIL	4.3 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL 34974	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	MCGLAMORY, EDDIE	5.2 NAME		
STREET ADDRESS	4791 HIGHWAY 441 NORTH	5.3 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL 34974	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	Resigned -	☒ Change ☐ Addition
NAME	CLEMONS, OTIS J	6.2 NAME	personal family reasons	
STREET ADDRESS	19645 N. HIGHWAY 98	6.3 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL 34974	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frank DeCarlo PD 4/10/95 813763-3921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0970007