

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005823

FILED  
Jan 09, 2004  
Secretary of State

**Entity Name:** THE REAL LIFE CHILDREN'S RANCH FOUNDATION, INC.

**Current Principal Place of Business:**

REAL LIFE CHILDREN'S RANCH  
7777 US HWY 441 S.E.  
OKEECHOBEE, FL 34974 US

**New Principal Place of Business:**

**Current Mailing Address:**

REAL LIFE CHILDREN'S RANCH  
7777 US HWY 441 S.E.  
OKEECHOBEE, FL 34974 US

**New Mailing Address:**

**FEI Number:** 59-6173061

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RABURN, ROBERT L  
712 S. 9TH ST  
FT. PIERCE, FL 34950 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: PD ( ) Delete  
Name: FRASER, MARY ELLEN  
Address: 4672 HUNTERS CRICLE WEST  
City-St-Zip: CANTON, MI 48188

Title: SD ( ) Delete  
Name: CREWS, JAY  
Address: 19080 SIENA OAKS CIR EAST  
City-St-Zip: PALM BEACH GARDENS, FL

Title: TD ( ) Delete  
Name: TABER, JERRY  
Address: 2420 24TH LANE  
City-St-Zip: LAKE WORTH, FL 33463

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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 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: MARY ELLEN FRASER

PD

01/09/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date