## 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N95000005823

TI FILED
Sep 08, 2007
Secretary of State

Entity Name: THE REAL LIFE CHILDREN'S RANCH FOUNDATION, INC. **Current Principal Place of Business: New Principal Place of Business:** REAL LIFE CHILDREN'S RANCH 7777 US HWY 441 S.E. OKEECHOBEE, FL 34974 **New Mailing Address: Current Mailing Address:** REAL LIFE CHILDREN'S RANCH 7777 US HWY 441 S.E. OKEECHOBEE, FL 34974 FEI Number: 65-0633087 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RABURN, ROBERT L TABER, GERALD 7777 US HWY 441 S.E. 712 S. 9TH ST FT. PIERCE, FL 34950 OKEECHOBEE, FL 34974 US US 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: GERALD TABER 09/08/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FRASER, MARY ELLEN Name: Name: 4672 HUNTERS CRICLE WEST Address: Address: City-St-Zip: CANTON, MI 48188 City-St-Zip: Title: SD ( ) Delete Title: () Change () Addition Name: CREWS, JAY Name: Address: 4249 MOUNTAIN RIDGE ROAD Address: City-St-Zip: GAINESVILLE, GA 30506 City-St-Zip: Title: () Delete Title: () Change () Addition TABER, JERRY Name: Name: Address: 2420 24TH LANE Address: City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition DONALD, FRASER R Name: Name: 48700 GEDDES ROAD Address: Address: City-St-Zip: City-St-Zip: **CANTON, MI 48188** 

I hereby certify that the information supplied with this filing does not qualify 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: MARY ELLEN FRASER PD 09/08/2007