2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008
Secretary of State

DOCUMENT# N95000005823

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: 65-0633087 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TABER, GERALD
7777 US HWY 441 S.E.
OKEECHOBEE, FL 34974 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: 4249 MOUNTAIN RIDGE ROAD
City-St-Zip: GAINESVILLE, GA 30506

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

Title: VP ( ) Delete
Name: DONALD, FRASER R
Address: 48700 GEDDES ROAD
City-St-Zip: CANTON, MI 48188

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 03/06/2008
Electronic Signature of Signing Officer or Director — Date