

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000005318 (7)**

1. Corporation Name

**BOOTSTRAP RANCH, INC.**

Principal Place of Business

**11390 TWELVE OAKS WAY, #520  
NORTH PALM BEACH FL 33408**

Mailing Address

**11390 TWELVE OAKS WAY, #520  
NORTH PALM BEACH FL 33408**

3. Date Incorporated or Qualified

**09/18/1997**

4. FEI Number

**05-0791564**

Applied For

☐ Not Applicable

2. Principal Place of Business

**21 8977 Dry Creek Rd.**

2a. Mailing Address

Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

City & State

**23 Bglgrade, MT**

Zip

**24 59714**

Country

**25 USA**

City & State

Zip

**28**

Country

**30**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**ANGELL CORPORATE SERVICES, INC.  
C/O EDWARDS & ANGELL  
250 ROYAL PALM WAY  
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

81 Name

**Karen M. Powell**

82 Street Address (P.O. Box Number is Not Acceptable)

**11390 TWELVE OAKS Way  
#520**

83

84 City

**N. Palm Beach**

**FL**

85 Zip Code

**33408**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE



**Karen M. Powell**

**4/28/98**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D  
WOODS, RONALD J  
11390 TWELVE OAKS WAY, #520  
NORTH PALM BEACH FL 33408**

TITLE ☐ DELETE

**D  
POWELL, KAREN  
11390 TWELVE OAKS WAY, #520  
NORTH PALM BEACH FL 33408**

TITLE ☐ DELETE

**D  
PROFOTA, TERRY  
307 NORTH 17TH STREET  
BOZEMAN MT 59715**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY - ST - ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY - ST - ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition


6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing 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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0041348**

CR2E037 (10/97)