


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90147 033 ****61.25

DOCUMENT # N99000005703					
1. Entity Name OUR TURNING POINT RANCH FOUNDATION, INC.					
Principal Place of Business PO BOX 735 MOUNT DORA, FL 32757			Mailing Address PO BOX 735 MOUNT DORA, FL 32757		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHARAY, KAREN 1311 HILLTOP DR MOUNT DORA, FL 32757				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Karen Charay</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENSON, BARBARA			NAME	BETTY HENSINGER
STREET ADDRESS	25039 DERBY DRIVE			STREET ADDRESS	5556 ROUND LAKE RD
CITY-ST-ZIP	SORRENTO, FL 32776			CITY-ST-ZIP	APORCA, FL 32712
TITLE	SD	<input type="checkbox"/> Delete		TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARDER, STEPHANIE			NAME	MARJORIE MURRAY
STREET ADDRESS	1101 CLUB HILLS DR			STREET ADDRESS	1320 HEIM RD
CITY-ST-ZIP	EUSTIS, FL 32726			CITY-ST-ZIP	MOUNT DORA FL 32757
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISHER, EMMA			NAME	KAY CRUMBAKER
STREET ADDRESS	38305 CHURCH STREET			STREET ADDRESS	7279 NENA CT
CITY-ST-ZIP	UMATILLA, FL 32784			CITY-ST-ZIP	MOUNT DORA FL 32757
TITLE	D	<input type="checkbox"/> Delete		TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GODFREY, PATSY			NAME	KAREN CHARAY
STREET ADDRESS	1924 SYCAMORE CR			STREET ADDRESS	1311 HILLTOP DR
CITY-ST-ZIP	TAVARES, FL 32778			CITY-ST-ZIP	MOUNT DORA FL 32757
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, KAREN			NAME	
STREET ADDRESS	59 IVY STREET			STREET ADDRESS	
CITY-ST-ZIP	UMATILLA, FL 32736			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTLEY, DIDI			NAME	
STREET ADDRESS	36347 GLENWOOD CIRCLE			STREET ADDRESS	
CITY-ST-ZIP	EUSTIS, FL 32736			CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Karen Charay</i>				Date: <i>4/22/05</i> 352 385 1354	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	