

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90206 049 \*\*\*\*61.25

**60030826**



04232006 Chg-NP CR2E037 (11/05)

4. FEI Number **59-3600624** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**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 Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

**6. Name and Address of Current Registered Agent**

**CHARAY, KAREN  
 1311 HILLTOP DR  
 MOUNT DORA, FL 32757**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	HENSINGER, BETTY	
STREET ADDRESS	5556 ROUND LAKE DR	
CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CARDER, STEPHANIE	
STREET ADDRESS	1101 CLUB HILLS DR	
CITY-ST-ZIP	EUSTIS, FL 32726	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MURRAY, MARJORIE	
STREET ADDRESS	1320 HEIM RD	
CITY-ST-ZIP	MOUNT DORA, FL 32757	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GODFREY, PATSY	
STREET ADDRESS	1924 SYCAMORE CR	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHARAY, KAREN	
STREET ADDRESS	1311 HILLTOP DR	
CITY-ST-ZIP	MOUNT DORA, FL 32757	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUNTLEY, DIDI	
STREET ADDRESS	36347 GLENWOOD CIRCLE	
CITY-ST-ZIP	EUSTIS, FL 32736	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KAY CRUMBAKER</b>	
STREET ADDRESS	<b>7279 NENA CT</b>	
CITY-ST-ZIP	<b>MOUNT DORA FL 32757</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Karen Charay* **KAREN CHARAY** **4-24-06** **352.385.1359**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #