

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005703

FILED
Apr 26, 2007
Secretary of State

Entity Name: OUR TURNING POINT RANCH FOUNDATION, INC.

Current Principal Place of Business:

PO BOX 735
MOUNT DORA, FL 32757

New Principal Place of Business:

600 N. DONNELLY STREET
MOUNT DORA, FL 32757

Current Mailing Address:

PO BOX 735
MOUNT DORA, FL 32757

New Mailing Address:

FEI Number: 59-3600624 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HENSINGER, MARGARET(BETTY)
600 N. DONNELLY STREET
MOUNT DORA, FL 32756 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: MARGARET HENSINGER

04/26/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HENSINGER, BETTY
Address: 5556 ROUND LAKE DR
City-St-Zip: APOPKA, FL 32712

Title: SD () Delete
Name: CARDER, STEPHANIE
Address: 1101 CLUB HILLS DR
City-St-Zip: EUSTIS, FL 32726

Title: VD () Delete
Name: MURRAY, MARJORIE
Address: 1320 HEIM RD
City-St-Zip: MOUNT DORA, FL 32757

Title: D () Delete
Name: GODFREY, PATSY
Address: 1924 SYCAMORE CR
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: CHARAY, KAREN
Address: 1311 HILLTOP DR
City-St-Zip: MOUNT DORA, FL 32757

Title: D (X) Delete
Name: HUNTLEY, DIDI
Address: 36347 GLENWOOD CIRCLE
City-St-Zip: EUSTIS, FL 32736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILHELM, CONSTANCE
Address: 600 N. DONNELLY STREET
City-St-Zip: MOUNT DORA, FL 32757

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

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

Title: D (X) Change () Addition
Name: PEACOCK, SHIRLEY
Address: 600 N. DONNELLY STREET
City-St-Zip: MOUNT DORA, FL 32757

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: MARGARET HENSINGER

D

04/26/2007

Electronic Signature of Signing Officer or Director

Date