

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005703

FILED
Apr 30, 2009
Secretary of State

Entity Name: OUR TURNING POINT RANCH FOUNDATION, INC.

Current Principal Place of Business:

600 N. DONNELLY STREET
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

PO BOX 735
MOUNT DORA, FL 32757

New Mailing Address:

PO BOX 735
MOUNT DORA, FL 32756

FEI Number: 59-3600624

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENSINGER, MARGARET(BETTY
600 N. DONNELLY STREET
MOUNT DORA, FL 32756 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: WILHELM, CONSTANCE
Address: 600 N. DONNELLY STREET
City-St-Zip: MOUNT DORA, FL 32757

Title: SD () Delete
Name: CLARK, CINDY
Address: 3421 CLAGARY LN
City-St-Zip: MOUNT DORA, FL 32757

Title: VD () Delete
Name: PEACOCK, SHIRLEY
Address: 600 N DONNELLY ST
City-St-Zip: MOUNT DORA, FL 32757

Title: D () Delete
Name: HENSINGER, MARGARET
Address: PO BOX 1483
City-St-Zip: MOUNT DORA, FL 32756

Title: D () Delete
Name: COX, LYNNE
Address: 40628 W FORTH AVE
City-St-Zip: UMATILLA, FL 32784

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD (X) Change () Addition
Name: CRUMBAKER, KAY
Address: 7279
City-St-Zip: NENA COURT, FL 32757

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:

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 E. HENSINGER

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date