

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005703

**FILED**  
**Apr 30, 2010**  
**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 32756

**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:**

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  
Name: HENSINGER, MARGARET E  
Address: 600 N. DONNELLY STREET  
City-St-Zip: MOUNT DORA, FL 32757

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

Title: VD  
Name: CRUMBAKER, KAY  
Address: 7279  
City-St-Zip: NENA COURT, FL 32757

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARGARET HENSINGER

PD

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date