

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003607

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: ROPIN' THE TRUTH RANCH, INC.

**Current Principal Place of Business:**

370 JOHNS RD  
HOLT, FL 32564

**New Principal Place of Business:**

**Current Mailing Address:**

370 JOHNS RD  
HOLT, FL 32564

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRACEWELL, DAVID L JR.  
370 JOHNS RD  
HOLT, FL 32564    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: DP ( ) Delete  
Name: BRACEWELL, DAVID L  
Address: 370 JOHNS RD  
City-St-Zip: HOLT, FL 32564

Title: DV ( ) Delete  
Name: MOORE, BENJAMIN D  
Address: 162 TOOKSOLONG LN  
City-St-Zip: HOLT, FL 32564

Title: DST ( ) Delete  
Name: BRACEWELL, APRIL R  
Address: 370 JOHNS RD  
City-St-Zip: HOLT, FL 32564

Title: D ( ) Delete  
Name: THOMAS, DUSTIN T  
Address: 2840 ATOKA TRAIL  
City-St-Zip: CRESTVIEW, FL 32539

Title: D ( ) Delete  
Name: THOMAS, MEGHAN R  
Address: 2840 ATOKA TRAIL  
City-St-Zip: CRESTVIEW, FL 32539

Title: D ( ) Delete  
Name: WILLIAMSON, TAMMY R  
Address: 162 TOOKSOLONG LN  
City-St-Zip: HOLT, FL 32564

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: DST (X) Change ( ) Addition  
Name: BISHOP, JAMES M  
Address: 5602 BUCK WARD RD  
City-St-Zip: BAKER, FL 32531

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

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 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 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: JAMES M. BISHOP

DST

04/25/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date