



State of California

Secretary of State



Confirmation of Receipt of Document / Receipt for Payment

Transaction ID:	61966D1C-776F-4D6D-8041-AF0CF3649249
Confirmation #:	93792Z
Charge Description	E-file Statement of Information for C1672622
Name:	Jan Beck
Address:	P.O. Box 189
Address Line 2	
City/State/Zip:	O'Neals, CA 93645
Phone:	559-641-2381
Email:	treasurer@flyingoranch.org
Amount:	20
E-File Session:	1001892
AVS Response:	Y
Date/Time:	7/9/2008 9:06:21 AM

NOTE: Confirmation of receipt does not constitute an approved/accepted filing.

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STATEMENT OF INFORMATION

(Domestic Nonprofit Corporation)

Fee \$20.00.

IMPORTANT - Read [instructions](#) before completing this SI-100 form.

Copies of e-filed statements are not provided at the time of filing. Therefore, you may wish to print the completed pages for your records prior to submission. Copies of filed documents may be requested using our [Business Entities Records Order form](#).

1. CORPORATION NUMBER, NAME AND ADDRESS OF RECORD			
C1672622 FLYING-O RANCH COMMUNITY ASSOCIATION 28765 FLYING O RANCH RD P O BOX 111 O'NEALS, CA 93645			
2. STREET ADDRESS OF PRINCIPAL OFFICE IN CALIFORNIA, IF ANY (DO NOT USE PO BOX)			
ADDRESS 28765 FLYING O RANCH RD.			
CITY	STATE	ZIP CODE	
O'NEALS	CA	93645	
3. MAILING ADDRESS OF THE CORPORATION, IF REQUIRED			
IN CARE OF/ATTENTION			
ADDRESS P.O. BOX 111			
CITY	STATE	ZIP CODE	COUNTRY
O'NEALS	CA	93645	UNITED STATES
LIST THE NAMES AND COMPLETE ADDRESSES OF THE OFFICERS (The corporation must have these three officers.)			
4. CHIEF EXECUTIVE OFFICER			
FIRST	MIDDLE	LAST	
CHRISTINE		WIPFF	
ADDRESS 29151 FLYING O RANCH RD. P.O. BOX 111			
CITY	STATE	ZIP CODE	COUNTRY
O'NEALS	CA	93645	UNITED STATES
5. SECRETARY			

FIRST	MIDDLE	LAST	
GERALD	C	IRELAND	
ADDRESS			
48633 FLYING O RANCH TRAIL			
P.O. BOX 111			
CITY	STATE	ZIP CODE	COUNTRY
O'NEALS	CA	93645	UNITED STATES

6. CHIEF FINANCIAL OFFICER

FIRST	MIDDLE	LAST	
JANIS	I	BECK	
ADDRESS			
28893 PHOENIX LOOP			
P.O. BOX 111			
CITY	STATE	ZIP CODE	COUNTRY
O'NEALS	CA	93645	UNITED STATES

7. CHECK THE APPROPRIATE PROVISION BELOW AND NAME THE AGENT FOR SERVICE OF PROCESS

<input checked="" type="checkbox"/>	AN INDIVIDUAL RESIDING IN CALIFORNIA
	AGENT'S FIRST MIDDLE LAST
	PAUL BERGMAN
<input type="checkbox"/>	A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO CALIFORNIA CORPORATIONS CODE SECTION 1505.
	NAME OF CORPORATE AGENT View List

8. STREET ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL (DO NOT USE PO BOX)
Address line 2 cannot contain a Post Office Box.

ADDRESS

29208 PHOENIX LOOP

CITY	STATE	ZIP CODE
O'NEALS	CA	93645

9. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT. ENTER THE NAME AND TITLE OF THE PERSON COMPLETING THIS STATEMENT.

DATE	TITLE	FIRST	MIDDLE	LAST
7/9/2008	TREASURER	JANIS	I	BECK

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