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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Monahan  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 711032 (3)

1. Corporation Name

EDGEWOOD CHILDREN'S RANCH, INC.

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 06/14/1966	3a. Date of Last Report 02/23/1994
4. FBI Number 59-1150182	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business		Mailing Address	
1451 EDGEWOOD RANCH RD. ORLANDO FL 32835		1451 EDGEWOOD RANCH RD. ORLANDO FL 32835	
21. Principal Place of Business	2a. Mailing Address	22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State	24. Zip	29. Zip
25. Country	30. Country		

9. Name and Address of Current Registered Agent

CONSOLVER, JOAN E  
1451 EDGEWOOD RANCH ROAD  
ORLANDO FL 32835

10. Name and Address of New Registered Agent

B1 Name	000001403280
B2 Street Address (P.O. Box Number is Not Acceptable)	02/18/95 01861 000
B3	****\$1.25 ****\$1.25
B4 City	FL
B5 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CT
NAME	GARRISON, THOMAS
STREET ADDRESS	415 WEST FIRST AVENUE
CITY - ST - ZIP	WINDERMERE FL 34786
TITLE	CT
NAME	THEOPHILUS, DAVID
STREET ADDRESS	506 JENNIFER LANE
CITY - ST - ZIP	WINDERMERE FL 34786
TITLE	T
NAME	SIMON, DAVID
STREET ADDRESS	125 NORTH DR.
CITY - ST - ZIP	WINDERMERE FL
TITLE	ST
NAME	VARGO, VICKI
STREET ADDRESS	322 EAST CENTRAL
CITY - ST - ZIP	ORLANDO FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CT
1.3 STREET ADDRESS	Theophilus, David
1.4 CITY - ST - ZIP	506 Jennifer Lane Windermere, FL 34786
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	T
2.3 STREET ADDRESS	Simon, David
2.4 CITY - ST - ZIP	125 North Road Windermere, FL 34786
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	T
3.3 STREET ADDRESS	Satcher, David
3.4 CITY - ST - ZIP	243 W. Park Avenue, Ste 200 Winter Park, FL 32789
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ST
4.3 STREET ADDRESS	Jacobs, Bruce
4.4 CITY - ST - ZIP	2500 Maitland Center Pkwy #209 Maitland, FL 32751
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	T.S. 2/9/95
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 1/15/94

DAVID THEOPHILUS

407/395-2464