FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham •

Secretary of State
DIVISION OF CORPORATIONS

.1998
DOCUMENT # 71

711032

(3)

EDGEWOOD CHILDREN'S RANCH, INC.

FILED Feb 12 1998 8:00am Secretary of State

Principal Place of Business Malling Address								
1451 EDGEWOOD RANCH RD. ORLANDO FL 32835		1451 EDGEWOOD RANCH RD. ORLANDO FL 32835			3. Date Incorporated or Qualified 06/14/1966 4. FEI Number Applied For			
2. Principal F	Place of Businoss	2a. Mailing Address			· · · · · · · · · · · · · · · · · · ·	59-1150182		ot Applicable Additional
21 Suite, Apt	# ato	26 Suite, Apt. #, etc.				5. Certificate of Status Desired	Fee Re	equired
22	·	27	27			6. Election Campaign Financing Trust Fund Contribution	\$5.00 (Added to	
City & State		City & State			7. Is this nonprofit corporation a homeowners association?			
Zip	Country	Zip	Count	ſγ	•	8. This corporation owes or has paid the		
24	[25]		30			Personal Property Tax due June 30.		No
	9. Name and Address of Curre	nt Hegistered Agent		<u> </u>		10. Name and Address of New Register	red Agent	
			8	1 Name	•			
CONSOLVER, JOAN E				2 Street	Addre	ss (P.O. Box Number is Not Acceptable)	· · ·	
1451 EDGEWOOD RANCH ROAD ORLANDO FL 32835			8	3		·	·	
			8	4 City			85 Zip	Code
							FL B Zip	
office or I agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the oblig the State of the	4				ration submits this statement for the purposen's board of directors. I hereby accept the	98	registered
12.		ID DIRECTORS	13.	gent signatur	e required	ADDITIONS/CHANGES TO OFFICERS		S IN 12
TITLE	CT DELETE		1.1 TITLE		T	ADDITIONS/OFFANGES TO OFFICE HE	☐ Change	Addition
NAME	SATCHER, DAVID		1.2 NAM					
STREET ADDRESS				1.3 STREET ADDRESS				
CITY-ST-ZIP	CITY-SI-ZIP WINTER PARK FL 32789			1.4 CITY-ST-ZIP				
TILE	T	DELETE	2.1 TITLE				X Change	Addition
NAME	HULL, MARGARET			2.2 NAME		ice Chairman (VC)		
STREET ADDRESS				2.3 STREET ADDRESS		Trustee (T)	-	
CITY-ST-ZIP	ORLANDO FL 32801	T Drugge		-ST-ZIP	<u> </u>	Saidle (1)	150 4	
TITLE	S DETTIONER DODGOT	DELETE	3.1 TITLE		_		X Change	Addition
NAME STREET ADDRESS	PETTIGREW, ROBERT 315 N. BUMBY AVE.		3.2 NAMI		١.	reasurer (T)		
CITY-ST-ZIP	ORLANDO FL 32803		3.4. CITY	ET ADDRESS	1	Trustie (T)		
TITLE	ST	DELETE	4.1 TITLE		 		XI Change	☐ Addition
NAME	JACOBS, BRUCE		4. 2 NAM		r	hairman (C) 、		
STREET ADDRESS 2500 MAITLAND CENTER PKWY #209			4.3 STRE	ET ADORESS		· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP	MAITLAND FL 32751		4.4 CITY	ST-ZIP		Justee) ()		
TITLE	T. Andrew Pughe	DELETE	5.1 TITLE		٦	oorstory (C)	Change	X Addition
NAME	2100 S. Hiawass	see Rd.	5.2 NAME		ا >	ecretary (S)		
STREET ADDRESS	Örlando, FL 328	335		et address	.	Trustee T		
CITY-ST-ZIP TITLE	,	DELETE	5.4 C/TY-		 	Justel 1	T Obacco	A d d to 7
mrs	l	₩ DEFEIG	6.1 TITLE		1		☐ Change	Addition

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.2 NAME

SIGNATURE:

NAME

STREET ADDRESS

Bruce Jacoba

14198

407-875-1919

F2E037 (10/97)