

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 03, 1999 8:00 am
Secretary of State

08-03-1999 90007 038 ****61.25

DOCUMENT # 711032

1. Corporation Name

EDGEWOOD CHILDREN'S RANCH, INC.

Principal Place of Business

Mailing Address

1451 EDGEWOOD RANCH RD.
ORLANDO FL 32835

1451 EDGEWOOD RANCH RD.
ORLANDO FL 32835



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

06/14/1966

4. FEI Number

59-1150182

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONSOLVER, JOAN E
1451 EDGEWOOD RANCH ROAD
ORLANDO FL 32835

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
PUGHE, T. ANDREW
2100 S. HIAWASSEE RD
ORLANDO FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCT
HULL, MARGARET
135 W. CENTRAL BLVD., #620
ORLANDO FL 32801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TT
PETTIGREW, ROBERT
315 N. BUMBY AVE.
ORLANDO FL 32803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CT
JACOBS, BRUCE
2500 MAITLAND CENTER PKWY #209
MAITLAND FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change

☐ Addition

1.2 NAME

CT
Robert Pettigrew

1.3 STREET ADDRESS

315 N. Bumby
Orlando, FL 32802

1.4 CITY-ST-ZIP

2.1 TITLE

☒ Change

☐ Addition

2.2 NAME

T. Andrew Pughe

2.3 STREET ADDRESS

2100 S. Hiawassee Road
Orlando, Florida 32835

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☒ Addition

3.2 NAME

Donald E. Potts

3.3 STREET ADDRESS

1000 Universal Studios Plaza
Orlando, FL 32819

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☒ Addition

4.2 NAME

Michael H. Lait

4.3 STREET ADDRESS

11449 Lake Butler Blvd.
Windermere, FL 34786

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)