FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:38

DOCUMENT # 764242 (4)

1. Corporation Name
EMBER RANCH, INC.

Principal Place of Business	Mailing Address
450 OLD LAKE ALFRED ROAD POLK CITY FL 33868	450 OLD LAKE ALFRED ROAD POLK CITY FL 33868

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/21/1982
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2219092 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

CHRISTIAN, BARBARA
450 OLD LAKE ALFRED ROAD
POLK CITY FL 33868

10. Name and Address of New Registered Agent

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 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 Barbara Christian 3.3.95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	☐ Change ☐ Addition
NAME	MARQUIS, RUTH	1.2 NAME	
STREET ADDRESS	552 SUTTON ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	CHRISTIAN, MICHAEL	2.2 NAME	
STREET ADDRESS	450 OLD LAKE ALFRED RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	POLK CITY, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	CLYDETTE, LEONI	3.2 NAME	
STREET ADDRESS	490 MINNEHAHA AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARMONT FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	THAYER, SUSAN	4.2 NAME	
STREET ADDRESS	135 EAST MAIN STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	DUNDEE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	GOODWILL, TODD	5.2 NAME	
STREET ADDRESS	107 AVE., A N.W.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	CHRISTIAN, BARBARA	6.2 NAME	
STREET ADDRESS	450 OLD LAKE ALFRED RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	POLK CITY FL	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 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.

SIGNATURE: R Marquis Ruth Marquis 2-27-95 813-967-9090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068250