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Jan 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 764242 (4)

1. Corporation Name

EMBER RANCH, INC.

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

Mailing Address
450 OLD LAKE ALFRED ROAD
POLK CITY FL 33868-9222



3. Date Incorporated or Qualified 07/21/1982 3a. Date of Last Report 03/11/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2219092		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Barbara D. Christian/Barbara D. Christian 1.9.97 941.956.4403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0054171

CR2E037 (9/96)