

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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		3. Date Incorporated or Qualified 07/21/1982
		4. FEI Number 59-2219092		Applied For Not Applicable
2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
23 Zip	28 Zip	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
24 Country	29 Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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 _____ (NOTE: Registered Agent signature required when reappointing) 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	AUBURNDAL 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 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 Christian/Barbara Christian 4.8.98 941956.4403

CR2E037 (10/97)