


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90091 014 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 764242</b>					
1. Corporation Name <b>EMBER RANCH, INC.</b>					
Principal Place of Business 450 OLD LAKE ALFRED ROAD POLK CITY FL 33868			Mailing Address 450 OLD LAKE ALFRED ROAD POLK CITY FL 33868		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/21/1982	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2219092	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		Trust Fund Contribution	

9. Name and Address of Current Registered Agent <b>CHRISTIAN, BARBARA 450 OLD LAKE ALFRED ROAD POLK CITY FL 33868</b>				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: Barbara D. Christian DATE: 4.27.99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 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: Barbara D. Christian DATE: 4.27.99 DAYTIME PHONE #: 941.982.4403  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)