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May 05 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 # N93000002547 (8)

1. Corporation Name

OUR FAMILY RANCH, INC.

Principal Place of Business

%LEONARD D. SIMONS
P.O. BOX 1137
ONECO FL 34264

Mailing Address

%LEONARD D. SIMONS
P.O. BOX 1137
ONECO FL 34264-1137



3. Date Incorporated or Qualified
06/07/1993

3a. Date of Last Report
04/18/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

4. FEI Number
65-0415960

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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 re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SPEAS, RITA
STREET ADDRESS 3404 31ST W.
CITY-ST-ZIP BRADENTON FL ☒ DELETE

11 TITLE PD, TD
12 NAME BOYETTE, KATHY
13 STREET ADDRESS 1906 Zipperer Rd.
14 CITY-ST-ZIP Bradenton, FL 34202 ☐ Change ☒ Addition

TITLE VPD
NAME FERRY, PHYLLIS
STREET ADDRESS 900 COLUMBIA DR.
CITY-ST-ZIP BRADENTON FL ☒ DELETE

2.1 TITLE VPD
2.2 NAME RILEY, CONNIE
2.3 STREET ADDRESS 5620 43rd Ave.
2.4 CITY-ST-ZIP Bradenton, FL 34203 ☐ Change ☒ Addition

TITLE STD
NAME BOYETTE, KATHY
STREET ADDRESS 3606 15TH ST., EAST
CITY-ST-ZIP BRADENTON FL ☒ DELETE

3.1 TITLE SD
3.2 NAME SELLERS, MARY ANN
3.3 STREET ADDRESS 27991 Crosby Rd.
3.4 CITY-ST-ZIP Myakka City, FL 34251 ☐ Change ☒ Addition

TITLE SD
NAME MARY ANN SELLERS,
STREET ADDRESS P.O. BOX 348 N/A
CITY-ST-ZIP ONECO FL 43264 ☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: [Signature]

4-20-97

CR2E037 (9/96)