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**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90077 050 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000002547**

1. Corporation Name

**OUR FAMILY RANCH, INC.**

4 7 2 2 3 7 50  
472237-90077-50

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

**06/07/1993**

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **Robert Hughes**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4103 24th St W**  
83 **Bradenton** **FL**  
84 City **FL** 85 Zip Code **34205**

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

TITLE	PDTD	<input checked="" type="checkbox"/> DELETE
NAME	BOYETTE, KATHY	
STREET ADDRESS	1906 ZIPPERER ROAD	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	RILEY, CONNIE	
STREET ADDRESS	5620 43RD AVE	
CITY-ST-ZIP	BRADENTON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SELLERS, MARY ANN	
STREET ADDRESS	27991 CROSBY ROAD	
CITY-ST-ZIP	MYAKKA CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Roger Dorics	
1.3 STREET ADDRESS	3204 61st St E	
1.4 CITY-ST-ZIP	Palmetto FL 34221	
2.1 TITLE	VPD TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Robert Hughes	
2.3 STREET ADDRESS	4103 24th St W #315	
2.4 CITY-ST-ZIP	Bradenton, FL 34205	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mary Ann Dorics	
3.3 STREET ADDRESS	P.O. Box 1137	
3.4 CITY-ST-ZIP	ONECO, FLA. 34264	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)