

**CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 22 AM 11:20

**DOCUMENT # N94000000098 (3)**  
1. Corporation Name  
**FT. KING FAMILY RESOURCE CENTER, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**13 NE 36TH AVE. OCALA FL 34470**      **13 NE 36TH AVE. OCALA FL 34470**

3. Date Incorporated or Qualified <b>01/07/1994</b>	3a. Date of Last Report
4. FEI Number <b>59-3218269</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent  
**MOXLEY, JOHN  
2320 NE 2ND ST.  
SUITE 4  
OCALA FL 34470**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	DP
NAME	STEELE, DIANE
STREET ADDRESS	3209 NE 14TH AVE.
CITY - ST - ZIP	OCALA FL 34479
TITLE	DV
NAME	KINNUNEN, KAY
STREET ADDRESS	611 SE 41ST AVE.
CITY - ST - ZIP	OCALA FL 34471
TITLE	DS
NAME	MOXLEY, JOHN
STREET ADDRESS	3933 SE 13TH ST.
CITY - ST - ZIP	OCALA FL 34471
TITLE	DT
NAME	BUSH, DEBBIE
STREET ADDRESS	5550 SE 44TH AVE.
CITY - ST - ZIP	OCALA FL 34471
TITLE	D
NAME	BULLOCK, ERVIN
STREET ADDRESS	505 SE 61ST ST.
CITY - ST - ZIP	OCALA FL 34471
TITLE	D
NAME	BLAES, TERRY
STREET ADDRESS	4005 SE FT. KING ST.
CITY - ST - ZIP	OCALA FL 34470

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JoAnn Parramore
1.3 STREET ADDRESS	3600 SE 2nd Ave.
1.4 CITY - ST - ZIP	Ocala, FL 34471
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Roanne Moreno
2.3 STREET ADDRESS	311 SE 53rd Ct.
2.4 CITY - ST - ZIP	Ocala, FL 34471
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Joann Cornell-Ohlman
4.3 STREET ADDRESS	13 NE 36th Ave.
4.4 CITY - ST - ZIP	Ocala, FL 34470
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: John Moxley Secretary      Date: 2/2/95 (204) 932-8015  
Signature and typed or printed name of signing officer or director      (Typed Name)