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Mar 14, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000000098

1. Corporation Name
FT. KING FAMILY RESOURCE CENTER, INC.

Principal Place of Business 13 NE 36TH AVE. OCALA FL 34470	Mailing Address 13 NE 36TH AVE. OCALA FL 34470
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/07/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3218269
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Country 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 FL 85 Zip Code
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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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	D STEELE, DIANE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELE, DIANE	1.2 NAME	STEELE, DIANE
STREET ADDRESS	3340 SE 1ST AVE	1.3 STREET ADDRESS	3340 SE 1ST AVE
CITY-ST-ZIP	OCALA FL 34471	1.4 CITY-ST-ZIP	OCALA FL 34471
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	PD MACKAY, DAVID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKAY, DAVID	2.2 NAME	MACKAY, DAVID
STREET ADDRESS	2730 SE 16TH ST	2.3 STREET ADDRESS	2730 SE 16TH ST
CITY-ST-ZIP	OCALA FL 34471	2.4 CITY-ST-ZIP	OCALA FL 34471
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	VD BUSH, LARRY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSH, LARRY	3.2 NAME	BUSH, LARRY
STREET ADDRESS	5550 SE 44TH AVE	3.3 STREET ADDRESS	5550 SE 44TH AVE
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	OCALA FL
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	S/D MOXLEY, JOHN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BULLOCK, ERVIN	4.2 NAME	MOXLEY, JOHN
STREET ADDRESS	505 SE 61ST ST.	4.3 STREET ADDRESS	2320 NE 2ND ST, SUITE 4
CITY-ST-ZIP	OCALA FL 34471	4.4 CITY-ST-ZIP	OCALA FL 34470
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	T/D THOMAS, CAROLYN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLAES, TERRY	5.2 NAME	THOMAS, CAROLYN
STREET ADDRESS	4005 SE FT. KING ST.	5.3 STREET ADDRESS	707 SE 33RD AVE
CITY-ST-ZIP	OCALA FL 34470	5.4 CITY-ST-ZIP	OCALA FL 34471
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D CORNELISON, LARA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	CORNELISON, LARA
STREET ADDRESS		6.3 STREET ADDRESS	550 NE 25TH AVE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	OCALA FL 34470

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: Carolyn Thomas Date: 3-10-99 Daytime Phone #: 352-694-2796

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Additions/Changes to Officers and Directors in 12, continued

Title D
Name GILLMAN, PAT
Street Address 1310 SE 3RD STREET
City-St-Zip OCALA FL 34471

Title D
Name KEIFER, BRIDGET
Street Address 4855 SE 37TH CT
City-St-Zip OCALA FL 34480

Title D
Name RASCO, RUSSELL
Street Address 1761 SE 38TH CT
City-St-Zip OCALA FL 34471

Title D
Name SCHLENKER, AMY
Street Address 1920 SW 29TH TERR
City-St-Zip OCALA FL 34474

Title D
Name BOYNTON, ALICIA
Street Address 216 NE SANCHEZ AVE
City-St-Zip OCALA FL 34471