

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90020 039 ****61.25

DOCUMENT # N94000000098

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3218269

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MOXLEY, JOHN
2320 NE 2ND ST.
SUITE 4
OCALA FL 34470

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

John Moxley

4-10-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEELE, DIANE	
STREET ADDRESS	3340 SE 1ST AVE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MACKAY, DAVID	
STREET ADDRESS	2730 SE 16TH ST	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MOXLEY, JOHN	
STREET ADDRESS	2320 NE 2ND ST. SUITE 4	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	D	<input type="checkbox"/> Delete
NAME	BULLOCK, ERVIN	
STREET ADDRESS	505 SE 61ST ST.	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BLAES, TERRY	
STREET ADDRESS	4005 SE FT. KING ST.	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	TD	<input type="checkbox"/> Delete
NAME	THOMAS, CAROLYN	
STREET ADDRESS	707 SE 33RD AVE	
CITY-ST-ZIP	OCALA FL 34471	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULLOCK, ERVIN	
STREET ADDRESS	505 SE 61st St.	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSSELL RASCO	
STREET ADDRESS	1741 SE 38th Ct	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHY TAYLOR	
STREET ADDRESS	12859 SE 87th TERRACE	
CITY-ST-ZIP	BELLEVIEW, FL 34420	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEANE VASQUEZ	
STREET ADDRESS	2901 SW 41st St APT 2407	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CINDY MARSHALL	
STREET ADDRESS	610 SW 13th St	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANDY PALUMBO	
STREET ADDRESS	33 PINE RUN TERRACE	
CITY-ST-ZIP	OCALA, FL 34472	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like equipment.

SIGNATURE:

Carolyn Thomas (CAROLYN) THOMAS

352-694-2796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

D

Pat Gillman
1310 SE 3rd Street
Ocala, FL 34471

~~Attachment~~
#N940000000098