

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000060103

**Entity Name:** FAMILY TIES CHILD CENTER, INC.

**Current Principal Place of Business:**

3230 S.W.58TH AVE.  
OCALA, FL 34480

**Current Mailing Address:**

3230 S.W.58TH AVE.  
OCALA, FL 34480 US

**FEI Number:** 45-2652342

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HAGENHOFF, KARON F  
4863 SE 40TH TERRACE  
OCALA, FL 34480 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PSD  
Name HAGENHOFF, KARON F  
Address 4863 SE 40TH TERRACE  
City-State-Zip: Ocala FL 34480

Title VPTD  
Name HAGENHOFF, KENNETH J  
Address 4863 SE 40TH TERRACE  
City-State-Zip: Ocala FL 34480

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KENNETH J. HAGENHOFF

VP/TRES

02/14/2014

Electronic Signature of Signing Officer/Director Detail

Date