

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 13, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # N01000008057**

1. Entity Name  
FT. KING YOUTH CENTER, INC.



Principal Place of Business  
2901 SW 12TH STREET  
OCALA, FL 34471

Mailing Address  
2901 SW 12TH STREET  
OCALA, FL 34471



02072007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
55-0860378

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

ADAMS, BEN  
2901 SW 12TH STREET  
OCALA, FL 34471

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
ADAMS, BEN  
2901 SW 12TH STREET  
OCALA, FL 34471

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
IRVING, BENJAMIN  
2901 S.W. 12ST STREET  
OCALA, FL 34474

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DST  
HARVEY, GELEANER  
2901 SW 12TH STREET  
OCALA, FL 34471

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowered.

**SIGNATURE:**

*Geleaner Harvey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-7-07*  
Date

*352 825-6384*  
Daytime Phone