2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008057

2901 SW 12TH STREET

City-St-Zip: OCALA, FL 34471

Address:

FILED Apr 02, 2009 Secretary of State

2001		0.0000000		occiciary of otate	
Entity Nai	me: FT. KIN	NG YOUTH CENTER, INC		-	
Current P	rincipal Pla	ace of Business:	New Principal Place	e of Business:	
2901 SW 1 OCALA, FI	12TH STRE L 34471	ET			
Current M	lailing Add	ress:	New Mailing Addres	New Mailing Address:	
2901 SW 1 OCALA, FI	12TH STRE L 34471	ET			
FEI Number:	: 55-0860378	FEI Number Applied For	() FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address o	f Current Registered Age	ent: Name and Address	of New Registered Agent:	
OCALA, FI	12TH STRE L 34471 named enti e of Florida.	US	or the purpose of changing its registere	ed office or registered agent, or both,	
0.014, (10.		ronic Signature of Register	red Agent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP ADAMS, BE 2901 SW 12 OCALA, FL	2TH STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV IRVING, BEI 2901 S.W. 1 OCALA, FL	2ST STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	DST HARVEY G	() Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: GELEANER HARVEY VP 04/02/2009