

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N35555**

(4)

1. Corporation Name

FAMILY TIES CHILD CENTER, INC.



Principal Place of Business 1105 S.E. SANCHEZ AVENUE OCALA FL 34471 US	Mailing Address 1105 S.E. SANCHEZ AVENUE OCALA FL 34471-3800 US
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3. Date Incorporated or Qualified 12/08/1989	3a. Date of Last Report 08/17/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-2082582	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MCBRIDE, PAMELA C. 1105 S.E. SANCHEZ AVE. OCALA FL 32871	
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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

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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBRIDE, PATRICK O.	1.2 NAME	
STREET ADDRESS	1105 S.E. SANCHEZ AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBRIDE, PAMELA C.	2.2 NAME	
STREET ADDRESS	1105 S.E. SANCHEZ AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBRIDE, PAMELA C.	3.2 NAME	
STREET ADDRESS	1105 S.E. SANCHEZ AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIDELINGER, ELIZABETH R.	4.2 NAME	
STREET ADDRESS	119 HICKORY LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: *PATRICK O. MCBRIDE* Date: *Apr-7-97*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0065817

CR2E037 (9/96)