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Jan 23, 1999 8:00am
Secretary of State

01-23-1999 90042 028 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N35555**

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
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

12/08/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-2982582

Not Applicable

City & State

City & State

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCBRIDE, PAMELA C.
1105 S.E. SANCHEZ AVE.
OCALA FL 32671

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME MCBRIDE, PATRICK O.
STREET ADDRESS 1105 S.E. SANCHEZ AVE.
CITY-ST-ZIP Ocala FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DVS
NAME MCBRIDE, PAMELA C.
STREET ADDRESS 1105 S.E. SANCHEZ AVE.
CITY-ST-ZIP Ocala FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME MCBRIDE, PAMELA C.
STREET ADDRESS 1105 S.E. SANCHEZ AVE.
CITY-ST-ZIP Ocala FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME SIDELINGER, ELIZABETH R.
STREET ADDRESS 119 HICKORY LANE
CITY-ST-ZIP EUSTIS FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

Pamela C. MCBRIDE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99 (352) 629-5299
Date Daytime Phone #

CR2E037 (1/98)