2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # N35555

1. Entity Name

FAMILY TIES CHILD CENTER, INC.

Principal Place of Business	Mailing Address
3230 SE 58TH AVE OCALA FL 34471 US	3230 SE 58TH AVE OCALA FL 34471 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip / Country	Zip / Country

MOORE   CR2E037 (11/03)

4. FEI Number 59-2982582	Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAGENHOFF, KARON 3230 SE 58TH AVE OCALA FL 34471	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL Zip Code

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

FILE NOW: FEE IS $61.25 **Due By May 1, 2004**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	**Make Check Payable to** **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE **DPS** NAME HAGENHOF, KARON STREET ADDRESS 4863 SW 40TH TERR CITY-ST-ZIP OCALA FL 34480	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 1100000044669 02/11/04--80029-016 61.25	☐ Change ☐ Addition
TITLE **VT** NAME HAGENHOFF, KENNETH STREET ADDRESS 4863 SE 40TH TERR CITY-ST-ZIP OCALA FL 34480	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** NAME MCBRIDE, PAT STREET ADDRESS 1105 S.E. SANCHEZ AVE. CITY-ST-ZIP OCALA FL 34471	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** NAME FAILE, JULIA STREET ADDRESS 1035 NW 80TH AVE CITY-ST-ZIP OCALA FL 34482	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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: _Kenneth J Hagenhoff_   2/9/04   (352)694-4554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #