

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90018 034 \*\*\*\*61.25

**DOCUMENT # N35555**

1. Entity Name

FAMILY TIES CHILD CENTER, INC.



Principal Place of Business

3230 SE 58TH AVE  
OCALA FL 34471  
US

Mailing Address

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

1st MOORE

CR2E037 (10/05)

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

HAGENHOFF, KARON  
3230 SE 58TH AVE  
OCALA FL 34471

7. Name and Address of New Registered Agent

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, 2006**

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

TITLE ☐ Delete  
NAME DPS  
STREET ADDRESS HAGENHOFF, KARON  
CITY-ST-ZIP 4863 SW 40TH TERR  
OCALA FL 34480

TITLE ☐ Delete  
NAME VT  
STREET ADDRESS HAGENHOFF, KENNETH  
CITY-ST-ZIP 4863 SE 40TH TERR  
OCALA FL 34480

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MCBRIDE, PAT  
CITY-ST-ZIP 1105 S.E. SANCHEZ AVE.  
OCALA FL 34471

TITLE ☐ Delete  
NAME D  
STREET ADDRESS FAILE, JULIA  
CITY-ST-ZIP 1035 NW 80TH AVE  
OCALA FL 34482

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME DIRECTOR  
STREET ADDRESS ATHER FAILE  
CITY-ST-ZIP 1035 NW 80TH AVE  
OCALA, FL. 34482

TITLE ☐ Change ☒ Addition  
NAME DIRECTOR  
STREET ADDRESS MICHELE MORENO  
CITY-ST-ZIP 146 ALMOND ROAD  
OCALA, FL. 34472

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 Section 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: *Karon Haggenhoff* Kenneth J. Haggenhoff 2/11/06 (322) 6944554