

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N35555

1. Entity Name

FAMILY TIES CHILD CENTER, INC.



FILED

07 FEB 26 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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.

900091009929
03/06/07--01009--025 **60.25

SIGNATURE

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

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	DPS	<input type="checkbox"/> Delete
NAME	HAGENHOFF, KARON	
STREET ADDRESS	4863 SW 40TH TERR	
CITY-ST-ZIP	OCALA FL 34480	
TITLE	VT	<input type="checkbox"/> Delete
NAME	HAGENHOFF, KENNETH	
STREET ADDRESS	4863 SE 40TH TERR	
CITY-ST-ZIP	OCALA FL 34480	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCBRIDE, PAT	
STREET ADDRESS	1105 S.E. SANCHEZ AVE.	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAILE, JULIA	
STREET ADDRESS	1035 NW 80TH AVE	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAILE, ATMER	
STREET ADDRESS	1035 NW 80TH AVE	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORENO, MICHELE	
STREET ADDRESS	146 ALMOND RD	
CITY-ST-ZIP	OCALA FL 34472	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kenneth J. Hagenhoff 2/18/07 (352) 694-4554