2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N35555

1. Entity Name
FAMILY TIES CHILD CENTER, INC.

FILED
08 JAN FEB PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02122008 Chg-NP CR2E037 (12/06)

Principal Place of Business
3230 SE 58TH AVE
OCALA, FL 34480 US

Mailing Address
3230 SE 58TH AVE
OCALA, FL 34480 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

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 34480

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.

900118408179
02/20/08--01005--009 **61.25

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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	☐ Delete	D	☐ Change ☒ Addition
NAME	HAGENHOFF, KARON		Butler, William Ashley	
STREET ADDRESS	4863 SW 40TH TERR		10631 SE 131st Lane	
CITY-ST-ZIP	OCALA, FL 34480		Ocklawaha, Fl 32179	
TITLE	VT	☐ Delete	D	☐ Change ☒ Addition
NAME	HAGENHOFF, KENNETH		Butler, Tammy	
STREET ADDRESS	4863 SE 40TH TERR		10631 SE 131st Lane	
CITY-ST-ZIP	OCALA, FL 34480		Ocklawaha, Fl 32179	
TITLE	D	☐ Delete	D	☒ Change ☐ Addition
NAME	MCBRIDE, PAT		McBride, Patrick	
STREET ADDRESS	1105 S.E. SANCHEZ AVE.		3549 SE 41st Place	
CITY-ST-ZIP	OCALA, FL 34471		Ocala, Fl 34480	
TITLE	D	☐ Delete	D	☐ Change ☒ Addition
NAME	FAILE, JULIA		Carvalho, Joseph	
STREET ADDRESS	1035 NW 80TH AVE		205 SE Sanchez, Ave	
CITY-ST-ZIP	OCALA, FL 34482		Ocala, Fl 34471	
TITLE	D	☒ Delete	D	☐ Change ☒ Addition
NAME	FAILE, ATMER		Izzo, Carol	
STREET ADDRESS	1035 NW 80TH AVE		4864 SE 41st Court	
CITY-ST-ZIP	OCALA, FL 34482		Ocala, Fl 34480	
TITLE	D	☐ Delete	D	☒ Change ☐ Addition
NAME	MORENO, MICHELE		Moreno, Deanna Michele	
STREET ADDRESS	146 ALMOND RD		146 Almond Road	
CITY-ST-ZIP	OCALA, FL 34472		Ocala, Fl 34472	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Kenneth J Hagenhoff 2/12/08 (352)694-4554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #