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

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

02122008 Chg-NP CR2E037 (12/06)

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	7. Name and Address of New Registered Agent
HAGENHOFF, KARON 3230 SE 58TH AVE OCALA, FL 34480	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.

900011840817 9
02/20/08--01005--009 **61.25

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

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

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 #