

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35555

FILED
Apr 30, 2009
Secretary of State

Entity Name: FAMILY TIES CHILD CENTER, INC.

Current Principal Place of Business:

3230 SE 58TH AVE
OCALA, FL 34480 US

New Principal Place of Business:

Current Mailing Address:

3230 SE 58TH AVE
OCALA, FL 34480 US

New Mailing Address:

FEI Number: 59-2982582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAGENHOFF, KARON
3230 SE 58TH AVE
OCALA, FL 34480 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: HAGENHOFF, KARON
Address: 4863 SW 40TH TERR
City-St-Zip: OCALA, FL 34480

Title: VT () Delete
Name: HAGENHOFF, KENNETH
Address: 4863 SE 40TH TERR
City-St-Zip: OCALA, FL 34480

Title: D (X) Delete
Name: MCBRIDE, PATRICK
Address: 3549 SE 41ST PLACE
City-St-Zip: OCALA, FL 34480

Title: D (X) Delete
Name: FAILE, JULIA
Address: 1035 NW 80TH AVE
City-St-Zip: OCALA, FL 34482

Title: D (X) Delete
Name: BUTTLER, WILLIAM ASHLEY
Address: 10631 SE 131ST LANE
City-St-Zip: OCKLAWAHA, FL 32179

Title: D (X) Delete
Name: MORENO, DEANNA MICHELE
Address: 146 ALMOND RD
City-St-Zip: OCALA, FL 34472

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: HAGENHOFF, KARON F
Address: 4863 SW 40TH TERR
City-St-Zip: OCALA, FL 34480

Title: VT (X) Change () Addition
Name: HAGENHOFF, KENNETH J
Address: 4863 SE 40TH TERR
City-St-Zip: OCALA, FL 34480

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH J. HAGENHOFF

VT

04/30/2009

Electronic Signature of Signing Officer or Director

Date