## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P02000022491

Entity Name: FAMILY TRAINING CENTER, INC.

FILED May 11, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

574 S PINE AVE 2760 SE 17TH STREET OCALA, FL 34474 500

500 OCALA, FL 34471

Current Mailing Address: New Mailing Address:

574 S PINE AVE 2760 SE 17TH STREET OCALA, FL 34474 500

OCALA, FL 34471

FEI Number: 02-0593688 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CAMPBELL, LISA K COOLEY, J. THOMAS 610 SE 17TH STREET 1409 NE 22ND AVENUE OCALA, FL 34471 US OCALA, FL 34471 US

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: J. THOMAS COOLEY 05/11/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title:

Title: P (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 P
 ( ) Delete
 Title:
 P
 (X)

 COY, ROBERT
 Name:
 COY, ROBERT

 Name:
 COY, ROBERT
 Name:
 COY, ROBERT

 Address:
 574 S PINE AVE
 Address:
 2760 SE 17TH STREET STE 500

City-St-Zip: OCALA, FL 34474 City-St-Zip: OCALA, FL 34471

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf ( ) Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change ( ) Addition}$ 

Name: COY, KATHY Name: COY, CATHY

Address: 574 S PINE AVE Address: 2760 SE 17TH STREET STE 500

City-St-Zip: OCALA, FL 34474 City-St-Zip: OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT CHARLES COY P 05/11/2005