

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).**

FILED
Aug 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07452 (8)
1. Corporation Name
FAMILY NETWORK ON DISABILITIES OF FLORIDA, INC.

Principal Place of Business 2735 WHITNEY RD CLEARWATER FL 34620	Mailing Address 2735 WHITNEY RD CLEARWATER FL 34620
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/05/1985		3a. Date of Last Report 10/21/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2679597		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

g. Name and Address of Current Registered Agent

**LABELLE, JAN
2735 WHITNEY ROAD
CLEARWATER FL 34620**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Jan LaBelle, Jan LaBelle **7-18-97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CAO, QUAN	
STREET ADDRESS	5393 AVENIA DEL MARE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COLEMAN, RICK	
STREET ADDRESS	3715 CR 13-A NORTH	
CITY-ST-ZIP	ST AUGUSTINE FL 34624	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHOENIG, WALTER	
STREET ADDRESS	2428 FAIRBANKS DRIVE	
CITY-ST-ZIP	CLEARWATER FL 34264	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, ANN	
STREET ADDRESS	5896 WHITNEY ROAD	
CITY-ST-ZIP	CLEARWATER FL 34620	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BELLACK, WENDY	
STREET ADDRESS	421 S.W. 20TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33315	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALFASSA-WHITE, RAE	
STREET ADDRESS	19101 SW 59TH ST	
CITY-ST-ZIP	ST LAUDERDALE FL 33332	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BEDARD, ELAINE	
1.3 STREET ADDRESS	2620 BASS WAY	
1.4 CITY-ST-ZIP	COOPER CITY FL 33026	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	COLEMAN, RICK	
2.3 STREET ADDRESS	7 COURT THEOPHELIA	
2.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32095	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SCHOENIG, WALTER	
3.3 STREET ADDRESS	2428 FAIRBANKS DRIVE	
3.4 CITY-ST-ZIP	CLEARWATER, FL 34624	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SANDONATO, HELEN	
4.3 STREET ADDRESS	1856 BARCELONA DRIVE	
4.4 CITY-ST-ZIP	DUNEDIN, FL 34698	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BELLACK, WENDY	
5.3 STREET ADDRESS	11400 NW FIFTH STREET	
5.4 CITY-ST-ZIP	PLANTATION, FL 33325	
6.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ALFASSA-WHITE, RAE	
6.3 STREET ADDRESS	19101 SW 59TH STREET	
6.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33332	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

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

CR2E037 (4/97)