

FILE NOW: FILING FEE IS \$61.25

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**Aug 25 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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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3. Date Incorporated or Qualified 02/05/1985	
4. FEI Number 59-2679597	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 33760	Country 25
Zip 29 33760	Country 30

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. 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

FL 85 Zip Code 33760

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD <input type="checkbox"/> DELETE
NAME	BEDARD, ELAINE
STREET ADDRESS	2620 BASS WAY
CITY-ST-ZIP	COOPER CITY FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	COLEMAN, RICK
STREET ADDRESS	7 COURT THEOPHELIA
CITY-ST-ZIP	ST AUGUSTINE FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	SCHOENIG, WALTER
STREET ADDRESS	2428 FAIRBANKS DRIVE
CITY-ST-ZIP	CLEARWATER FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SANDONATO, HELEN
STREET ADDRESS	1856 BARCELONA DR
CITY-ST-ZIP	DUNEDIN FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BELLACK, WENDY
STREET ADDRESS	11400 NW FIFTH ST
CITY-ST-ZIP	PLANTATION FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	ALFASSA-WHITE, RAE
STREET ADDRESS	19101 SW 59TH ST
CITY-ST-ZIP	FT LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input 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	9 COURT THEOPHELIA
2.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32095
3.1 TITLE	D <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 33764
4.1 TITLE	200002624832 <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	-08/26/98--01004--012
4.3 STREET ADDRESS	***70.00
4.4 CITY-ST-ZIP	
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BELLACK, WENDY
5.3 STREET ADDRESS	11400 N.W. FIFTH ST.
5.4 CITY-ST-ZIP	PLANTATION, FL 33325
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ALFASSA-WHITE, RAE
6.3 STREET ADDRESS	19101 SW 59th St.
6.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33332

14. I 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 on an attachment with an address.

SIGNATURE _____ DATE **8/25/98**

CR2E037 (10/97)