

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 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 02/05/1985		3a. Date of Last Report 10/21/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2679597		Applied For Not Applicable	
City & State 23		City & State 28		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	
Zip 24		Country 25		Zip 29		Country 30	
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
FL 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NO <input checked="" type="checkbox"/> DELETE	NAME CAO, QUAN	1.1 TITLE VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME BEDARD, ELAINE
STREET ADDRESS 5393 AVENIA DEL MARE	CITY-ST-ZIP TALLAHASSEE FL	1.2 NAME	1.3 STREET ADDRESS 2620 BASS WAY
TITLE VD <input type="checkbox"/> DELETE	NAME COLEMAN, RICK	1.4 CITY-ST-ZIP COOPER CITY FL 33026	2.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3715 CR 13-A NORTH	CITY-ST-ZIP ST AUGUSTINE FL 34624	2.2 NAME COLEMAN, RICK	2.3 STREET ADDRESS 7 COURT THEOPHELIA
TITLE D <input type="checkbox"/> DELETE	NAME SCHOENIG, WALTER	2.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32095	3.1 TITLE SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2428 FAIRBANKS DRIVE	CITY-ST-ZIP CLEARWATER FL 34264	3.2 NAME SCHOENIG, WALTER	3.3 STREET ADDRESS 2428 FAIRBANKS DRIVE
TITLE D <input checked="" type="checkbox"/> DELETE	NAME SMITH, ANN	3.4 CITY-ST-ZIP CLEARWATER, FL 34624	4.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5896 WHITNEY ROAD	CITY-ST-ZIP CLEARWATER FL 34620	4.2 NAME SANDONATO, HELEN	4.3 STREET ADDRESS 1856 BARCELONA DRIVE
TITLE PD <input type="checkbox"/> DELETE	NAME BELLACK, WENDY	4.4 CITY-ST-ZIP DUNEDIN, FL 34698	5.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 421 S.W. 20TH ST	CITY-ST-ZIP FT LAUDERDALE FL 33315	5.2 NAME BELLACK, WENDY	5.3 STREET ADDRESS 11400 NW FIFTH STREET
TITLE D <input type="checkbox"/> DELETE	NAME ALFASSA-WHITE, RAE	5.4 CITY-ST-ZIP PLANTATION, FL 33325	6.1 TITLE TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 19101 SW 59TH ST	CITY-ST-ZIP ST LAUDERDALE FL 33332	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 on an attachment with an address.

SIGNATURE Walter Schoenig, Walter Schoenig, 8-13-97
Signature, typed or printed name of officer, director, receiver or trustee, and title if applicable. (NOTE: Signature required when reinstating.) DATE

CR2E037 (4/97)