

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90059 030 ****70.00

DOCUMENT # N07452

1. Corporation Name

FAMILY NETWORK ON DISABILITIES OF FLORIDA, INC.

Principal Place of Business

2735 WHITNEY RD
CLEARWATER FL 33760

Mailing Address

2735 WHITNEY RD
CLEARWATER FL 33760



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/05/1985

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



\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LABELLE, JAN
2735 WHITNEY ROAD
CLEARWATER FL 34620

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

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 VD
NAME BEDARD, ELAINE
STREET ADDRESS 2620 BASS WAY
CITY-ST-ZIP COOPER CITY FL 33026

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change

Addition

TITLE PD
NAME COLEMAN, RICK
STREET ADDRESS 9 COURT THEOPHELIA
CITY-ST-ZIP ST AUGUSTINE FL 32095

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change

Addition

TITLE D
NAME SCHOENIG, WALTER
STREET ADDRESS 2428 FAIRBANKS DRIVE
CITY-ST-ZIP CLEARWATER FL 33764

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change

Addition

TITLE D
NAME BELLACK, WENDY
STREET ADDRESS 11400 NW FIFTH ST
CITY-ST-ZIP PLANTATION FL 33325

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change

Addition

TITLE D
NAME ALFASSA-WHITE, RAE
STREET ADDRESS 19101 SW 59TH ST
CITY-ST-ZIP FT LAUDERDALE FL 33332

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change

Addition

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, with all other like empowered.

SIGNATURE:

Rick Coleman
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)