## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07452

Apr 28, 2006 Secretary of State

Entity Name: FAMILY NETWORK ON DISABILITIES OF FLORIDA, INC.

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

2735 WHITNEY RD CLEARWATER, FL 33760

**Current Mailing Address: New Mailing Address:** 

2735 WHITNEY RD CLEARWATER, FL 33760

FEI Number: 59-2679597 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

LABELLE, RICHARD 2735 WHITNEY ROAD CLEARWATER, FL 33760

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:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete SUMLIN, DONNA SUMLIN, DOROTHY Name: Name: 1489 MARSH RABBIT WAY Address: 1489 MARSH RABBIT WAY Address: City-St-Zip: ORANGE PARK, FL 32003 City-St-Zip: ORANGE PARK, FL 32003

Title: PD () Delete Title: (X) Change ( ) Addition

DEGRYSE, PAIGE Name: KUDLA, INDIA Name:

Address: 298 CROOKEDRIDGE COURT Address: 1905 B SW 70TH TERRACE City-St-Zip: ORANGE PARK, FL 32065 City-St-Zip: GAINESVILLE, FL 32607

Title: () Delete Title: (X) Change ( ) Addition SCHOENIG, WALTER

SCHOENIG, WALTER Name: Name: 2428 FAIRBANKS DRIVE Address: Address: 2428 FAIRBANKS DRIVE City-St-Zip: CLEARWATER, FL 33764 City-St-Zip: CLEARWATER, FL 33764

Title: ( ) Delete Title: PD (X) Change ( ) Addition

SHAW, JULIÈ Name: Name: SHAW, JULIE

Address: 8 BIRCH COURT Address: 8 BIRCH COURT CRAWFORDVILLE, FL 32327 City-St-Zip: CRAWFORDVILLE, FL 32327 City-St-Zip:

Title: ( ) Delete Title: (X) Change ( ) Addition

KAMLEITER, MARK JADENE, RANSDELL Name: Name: 2509 FIRST AVE S. 1998 SUNTREE BOULEVARD Address: Address:

City-St-Zip: SAINT PETERSBURG, FL 33712 City-St-Zip: CLEARWATER, FL 33763

Title: () Delete Title: (X) Change ( ) Addition

ROUSEY, SHARON ROUSEY, SHARON Name: Name: Address: 282 EAGLET WAY Address: 282 EAGLET WAY LAKE MARY, FL 32746 LAKE MARY, FL 32746 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE SHAW Ρ 04/28/2006