

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07452

FILED
May 08, 2007
Secretary of State

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

Current Principal Place of Business:

2735 WHITNEY RD
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

2735 WHITNEY RD
CLEARWATER, FL 33760

New Mailing Address:

FEI Number: 59-2679597 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LABELLE, RICHARD
2735 WHITNEY ROAD
CLEARWATER, FL 33760 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: SUMLIN, DOROTHY
Address: 1489 MARSH RABBIT WAY
City-St-Zip: ORANGE PARK, FL 32003

Title: D () Delete
Name: KUDLA, INDIA
Address: 1905 B SW 70TH TERRACE
City-St-Zip: GAINESVILLE, FL 32607

Title: TD () Delete
Name: SCHOENIG, WALTER
Address: 2428 FAIRBANKS DRIVE
City-St-Zip: CLEARWATER, FL 33764

Title: PD () Delete
Name: SHAW, JULIE
Address: 8 BIRCH COURT
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: SD () Delete
Name: JADENE, RANSELL
Address: 1998 SUNTREE BOULEVARD
City-St-Zip: CLEARWATER, FL 33763

Title: VD () Delete
Name: ROUSEY, SHARON
Address: 282 EAGLET WAY
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SUMLIN, DOROTHY
Address: 1762 BUTTONBUSH WAY
City-St-Zip: ORANGE PARK, FL 32003

Title: D (X) Change () Addition
Name: ALMEIDA, BELKIS
Address: 3433 MADRID AVENUE
City-St-Zip: COOPER CITY, FL 33026

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: SHAW, JULIE
Address: 29 PRIVACY LANE
City-St-Zip: PALM COAST, FL 32164

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: ROUSEY, SHARON
Address: 958 CROSSCUT WAY
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify 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

PD

05/08/2007

Electronic Signature of Signing Officer or Director

_____ Date