

# 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, RANDELL  
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:      ( ) Change ( ) Addition  
Address:      ( ) Change ( ) Addition  
City-St-Zip:      ( ) Change ( ) Addition

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

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

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