2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# N07452

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 (X)**

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:	1762 BUTTONBUSH WAY	
City-St-Zip:	ORANGE PARK, FL 32003	
Title:	D	( ) Delete
Name:	MORGAN-BYRD, JENNIFER	
Address:	6260 OLD BAINBRIDGE RD	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	TD	( ) Delete
Name:	SCHOENIG, WALTER	
Address:	2428 FAIRBANKS DRIVE	
City-St-Zip:	CLEARWATER, FL 33764	
Title:	PD	( ) Delete
Name:	SHAW, JULIE	
Address:	29 PRIVACY LANE	
City-St-Zip:	PALM COAST, FL 32164	
Title:	D	( ) Delete
Name:	LINDSAY, KARYN	
Address:	1017 CHRMINGFACE CRT	
City-St-Zip:	ZEPHYRHILLS, FL 33543	
Title:	VD	( ) Delete
Name:	ROUSEY, SHARON	
Address:	958 CROSSCUT WAY	
City-St-Zip:	LONGWOOD, FL 32750	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	V	(X) Change ( ) Addition
Name:	MORGAN-BYRD, JENNIFER	
Address:	6260 OLD BAINBRIDGE RD	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	T	(X) Change ( ) Addition
Name:	SCHOENIG, WALTER	
Address:	2428 FAIRBANKS DRIVE	
City-St-Zip:	CLEARWATER, FL 33764	
Title:	P	(X) Change ( ) Addition
Name:	SHAW, JULIE	
Address:	29 PRIVACY LANE	
City-St-Zip:	PALM COAST, FL 32164	
Title:	S	(X) Change ( ) Addition
Name:	HARDING II, JAMES	
Address:	6027 OX BOTTOM MANOR DR	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	D	(X) Change ( ) Addition
Name:	RANSDELL, JADENE	
Address:	1996 SUNTREE BLVD	
City-St-Zip:	CLEARWATER, FL 33763	

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 P 03/25/2009

Electronic Signature of Signing Officer or Director — Date