

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000033544

FILED
Jan 12, 2011
Secretary of State

Entity Name: FAMILY NETWORK FOR SPECIAL NEEDS TRUST ADMINISTRATION, INC.

Current Principal Place of Business:

2196 MAIN ST
SUITE K
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

2196 MAIN ST
SUITE K
DUNEDIN, FL 34698

New Mailing Address:

FEI Number: 26-2364594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LA BELLE, RICHARD
2196 MAIN ST
SUITE K
DUNEDIN, FL 34698 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: T
Name: SIEBERT, DIANA L
Address: 4726 CHARDONNAY LANE
City-St-Zip: PORT ORANGE, FL 32129

Title: V
Name: STEWART, TRACY
Address: 9518 RAPTOR COURT
City-St-Zip: TALLAHASSEE, FL 32309

Title: D
Name: SHAW, JULIE
Address: 29 PRIVACY LANE
City-St-Zip: PALM COURT, FL 32164

Title: D
Name: RANSALL, JADENE
Address: 1996 SUNTREE BLVD
City-St-Zip: CLEARWATER, FL 33763

Title: S
Name: HARDING, J.R.
Address: 6207 OX BOTTOM MANOR DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: P
Name: MORGAN-BYRD, JENNIFER
Address: 6260 OLD BAINBRIDGE ROAD
City-St-Zip: TALLAHASSEE, FL 32303

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JENNIFER MORGAN-BYRD

PRES

01/12/2011

Electronic Signature of Signing Officer or Director

Date