

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000033544

FILED
Mar 27, 2012
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: D
Name: FONTAINE, NANCY
Address: 7940 BERNARD STREET
City-St-Zip: TALLAHASSEE, FL 32317

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: TCHOURIOUKANOVA, KATIA
Address: 2530 MARSTON ROAD
City-St-Zip: TALLAHASSEE, FL 32308

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

03/27/2012

Electronic Signature of Signing Officer or Director

Date