

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07452

FILED
Apr 21, 2017
Secretary of State
CC3030887228

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

Current Principal Place of Business:

2196 MAIN ST.
SUITE L
DUNEDIN, FL 34698

Current Mailing Address:

2196 MAIN ST.
SUITE L
DUNEDIN, FL 34698 US

FEI Number: 59-2679597

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LABELLE, RICHARD
2196 MAIN ST.
SUITE L
DUNEDIN, FL 34698 US

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

Officer/Director Detail :

Title D.
Name MONA, CLAUDIA
Address 2196 MAIN STREET
SUITE L
City-State-Zip: DUNEDIN FL 34698

Title PRESIDENT
Name FONTAINE, NANCY
Address 7940 BERNARD ST.
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name TORRES BORLING, NANCY
Address 2196 MAIN STREET
L
City-State-Zip: DUNEDIN FL 34698

Title DIRECTOR
Name LAMPLEY JORDAN, SABRINA
Address 2196 MAIN STREET
L
City-State-Zip: DUNEDIN FL 34698

Title DIRECTOR
Name COOK, ELIZABETH
Address 2196 MAIN STREET
L
City-State-Zip: DUNEDIN FL 34698

Title SECRETARY
Name JACOBSON, MOLLY
Address 724 4TH AVENUE SOUTH #3
City-State-Zip: ST. PETERSBURG FL 33701

Title TREASURER
Name KETCHAM, JULIE
Address 10922 W COVE HARBOR DRIVE
City-State-Zip: CRYSTAL RIVER FL 34428

Title DIRECTOR
Name MAHONEY, SUZANNE
Address 5283 RIVER BLOSSOM LANE
City-State-Zip: FT. DENAUD FL 33935

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

SIGNATURE: RICHARD LA BELLE

EXECUTIVE DIRECTOR

04/21/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PENADO, ERIKA MARIA
Address 19000 MIAMI BOULEVARD
City-State-Zip: FT. MYERS FL 33967

Title VP
Name LEOPOLD, JEAN G
Address 3102 5TH ST. WEST
City-State-Zip: LEHIGH ACRES FL 33971

Title DIRECTOR
Name LA BELLE, RICHARD
Address 2196 MAIN ST
L
City-State-Zip: DUNEDIN FL 34698