

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07452

**FILED**  
**Feb 24, 2016**  
**Secretary of State**  
**CC8640723055**

**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	MORGAN-BYRD, JENNIFER
Address	6260 OLD BAINBRIDGE RD
City-State-Zip:	TALLAHASSEE FL 32303
Title	DIRECTOR
Name	HARDING II, JAMES R
Address	6027 OX BOTTOM MANOR DR
City-State-Zip:	TALLAHASSEE FL 32312
Title	DIRECTOR
Name	GREENE, CHARLENE
Address	641 RIDGEWOOD STREET
City-State-Zip:	ALTAMONTE SPRINGS FL 32701
Title	TREASURER
Name	KETCHAM, JULIE
Address	10922 W COVE HARBOR DRIVE
City-State-Zip:	CRYSTAL RIVER FL 34428

Title	PRESIDENT
Name	FONTAINE, NANCY
Address	7940 BERNARD ST.
City-State-Zip:	TALLAHASSEE FL 32317
Title	DIRECTOR
Name	GARCIA, BLANCA
Address	601 WEST DELAWARE AVENUE E-19
City-State-Zip:	IMMOKALEE FL 34142
Title	SECRETARY
Name	JACOBSON, MOLLY
Address	724 4TH AVENUE SOUTH #3
City-State-Zip:	ST. PETERSBURG FL 33701
Title	DIRECTOR
Name	MAHONEY, SUZANNE
Address	5283 RIVER BLOSSOM LANE
City-State-Zip:	FT. DENAUD FL 33935

**Continues on page 2**

*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:** NANCY FONTAINE

**PRESIDENT**

**02/24/2016**

\_\_\_\_\_  
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