

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07452

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

**Current Principal Place of Business:**

2196 MAIN ST.  
SUITE K  
DUNEDIN, FL 34698

**Current Mailing Address:**

2196 MAIN ST.  
SUITE K  
DUNEDIN, FL 34698

**FEI Number: 59-2679597**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

LABELLE, RICHARD  
2196 MAIN ST.  
SUITE K  
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 V  
Name STEWART, TRACY  
Address 9518 RAPTOR COURT  
City-State-Zip: TALLAHASSEE FL 32309

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

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

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

Title S  
Name HARDING II, JAMES  
Address 6027 OX BOTTOM MANOR DR  
City-State-Zip: TALLAHASSEE FL 32312

Title D  
Name TCHOURIOUKANOVA, KATIA  
Address 2530 MARSTON ROAD  
City-State-Zip: TALLAHASSEE FL 32308

*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: JENNIFER MORGAN-BYRD**

**PRES**

**04/23/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date