

2019 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 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:**LA BELLE, 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:** RICHARD LA BELLE

04/04/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title DIRECTOR
Name HARDING, J.R. DR.
Address 6207 OX BOTTOM MANOR DR
City-State-Zip: TALLAHASSEE FL 32312

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

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

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

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**REGISTERED AGENT/CE** 04/04/2019

Electronic Signature of Signing Officer/Director Detail

Date