

**2016 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:**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

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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:** 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