

**2018 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	MONA, CLAUDIA
Address	2196 MAIN STREET SUITE L
City-State-Zip:	DUNEDIN FL 34698
Title	DIRECTOR
Name	TORRES BORLING, NANCY
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	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	LAMPLEY JORDAN, SABRINA
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	VP
Name	LEOPOLD, JEAN G
Address	3102 5TH ST. WEST
City-State-Zip:	LEHIGH ACRES FL 33971

**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:** RICHARD LA BELLE**DIRECTOR****03/09/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	LA BELLE, RICHARD	Name	HARDING, JR
Address	2196 MAIN ST L	Address	6207 OX BOTTOM MANOR DR
City-State-Zip:	DUNEDIN FL 34698	City-State-Zip:	TALLAHASSEE FL 32312