

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

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

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

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

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