

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07452

Entity Name: FAMILY NETWORK ON DISABILITIES OF FLORIDA, INC.**Current Principal Place of Business:**26750 U.S. HIGHWAY 19 NORTH
SUITE 410
CLEARWATER, FL 33761**Current Mailing Address:**26750 U.S. HIGHWAY 19 NORTH
SUITE 410
CLEARWATER, FL 33761 US**FEI Number:** 59-2679597**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LA BELLE, RICHARD
26750 US HIGHWAY 19 NORTH
SUITE 410
CLEARWATER, FL 33761 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

01/21/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title IMMEDIATE PAST PRESIDENT
Name FONTAINE, NANCY
Address 26750 U.S. HIGHWAY 19 NORTH
SUITE 410
City-State-Zip: TALLAHASSEE FL 33761

Title VP
Name TORRES-BURLING, NANCY
Address 26750 U.S. HIGHWAY 19 NORTH
SUITE 410
City-State-Zip: CLEARWATER FL 33761

Title DIRECTOR
Name LAMPLEY JORDAN, SABRINA DR.
Address 26750 U.S. HIGHWAY 19 NORTH
SUITE 410
City-State-Zip: CLEARWATER FL 33761

Title PRESIDENT
Name COOK, ELIZABETH
Address 26750 U.S. HIGHWAY 19 NORTH
SUITE 410
City-State-Zip: CLEARWATER FL 33761

Title TREASURER
Name KETCHAM, JULIE
Address 26750 U.S. HIGHWAY 19 NORTH
SUITE 410
City-State-Zip: CLEARWATER FL 33761

Title DIRECTOR
Name LEOPOLD, JEAN G
Address 26750 U.S. HIGHWAY 19 NORTH
SUITE 410
City-State-Zip: CLEARWATER FL 33761

Title SECRETARY
Name HARDING, JAMES R. DR.
Address 26750 U.S. HIGHWAY 19 NORTH
SUITE 410
City-State-Zip: CLEARWATER FL 33761

Title DIRECTOR
Name MILLIGAN, HEATHER
Address 26750 U.S. HIGHWAY 19 NORTH
SUITE 410
City-State-Zip: CLEARWATER FL 33761

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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: ELIZABETH COOK

PRESIDENT

01/21/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HUTCHINSON, CARLA
Address 26750 U.S. HIGHWAY 19 NORTH
SUITE 410
City-State-Zip: CLEARWATER FL 33761

Title DIRECTOR
Name MIDDLETON, PATRICIA
Address 26750 U.S. HIGHWAY 19 NORTH
SUITE 410
City-State-Zip: CLEARWATER FL 33761