

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000033544

**Entity Name:** FAMILY NETWORK FOR SPECIAL NEEDS TRUST  
ADMINISTRATION, INC.**FILED**  
**Mar 16, 2021**  
**Secretary of State**  
**1680749752CC****Current Principal Place of Business:**26750 US HIGHWAY  
SUITE 410  
CLEARWATER, FL 33761**Current Mailing Address:**26750 US HIGHWAY 19 N, SUITE 410  
SUITE 410  
CLEARWATER, FL 33761 US**FEI Number: 26-2364594****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**LA BELLE, RICHARD  
26750 U.S. 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** IMMEDIATE PAST PRESIDENT  
**Name** FONTAINE, NANCY  
**Address** 26750 US 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** LA BELLE, RICHARD  
**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** VP  
**Name** TORRES-BURLING, NANCY  
**Address** 26750 U.S. HIGHWAY 19 NORTH  
SUITE 410  
**City-State-Zip:** CLEARWATER FL 33761**Title** DIRECTOR  
**Name** FLATT, HEIDI  
**Address** 26750 U.S. HIGHWAY 19 NORTH  
SUITE 410  
**City-State-Zip:** CLEARWATER FL 33761**Title** SECRETARY  
**Name** HARDING, JAMES R  
**Address** 26750 US HIGHWAY 19 NORTH  
SUITE 410  
**City-State-Zip:** CLEARWATER FL 33761

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE: RICHARD LABELLE****CEO****03/16/2021**

Electronic Signature of Signing Officer/Director Detail

Date