

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000033544

Entity Name: FAMILY NETWORK FOR SPECIAL NEEDS TRUST
ADMINISTRATION, INC.

FILED
Apr 18, 2014
Secretary of State
CC3747128720

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: 26-2364594

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LA BELLE, 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 T.
Name FONTAINE, NANCY
Address 7940 BERNARD STREET
City-State-Zip: TALLAHASSEE FL 32317

Title P.
Name STEWART, TRACY
Address 9518 RAPTOR COURT
City-State-Zip: TALLAHASSEE FL 32309

Title D
Name TCHOURIOUKANOVA, KATIA
Address 2530 MARSTON ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title S
Name HARDING, J.R.
Address 6207 OX BOTTOM MANOR DRIVE
City-State-Zip: TALLAHASSEE FL 32312

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

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: TRACY STEWART

BOARD PRESIDENT

04/18/2014

Electronic Signature of Signing Officer/Director Detail

Date