

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000033544

Entity Name: FAMILY NETWORK FOR SPECIAL NEEDS TRUST
ADMINISTRATION, INC.**FILED**
Mar 09, 2018
Secretary of State
CC4218403427**Current Principal Place of Business:**2196 MAIN ST
SUITE K
DUNEDIN, FL 34698**Current Mailing Address:**2196 MAIN ST
SUITE K
DUNEDIN, FL 34698 US**FEI Number: 26-2364594****Certificate of Status Desired: No****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	PRESIDENT
Name	FONTAINE, NANCY
Address	7940 BERNARD STREET
City-State-Zip:	TALLAHASSEE FL 32317

Title	SECRETARY
Name	JACOBSON, MOLLY
Address	724 4TH AVENUE SOUTH #3
City-State-Zip:	ST. PETERSBURG FL 33701

Title	TREASURER
Name	KETCHAM, JULIE
Address	10922 W COVE HARBOR DRIVE
City-State-Zip:	CRYSTAL RIVER FL 34428

Title	DIRECTOR
Name	LA BELLE, RICHARD
Address	2196 MAIN STREET, SUITE L
City-State-Zip:	DUNEDIN FL 34698

Title	DIRECTOR OF FINANCE
Name	SCOTT, KENN
Address	2196 MAIN ST SUITE K
City-State-Zip:	DUNEDIN FL 34698

Title	DIRECTOR
Name	COOK, ELIZABETH
Address	2196 MAIN ST SUITE K
City-State-Zip:	DUNEDIN FL 34698

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

Electronic Signature of Signing Officer/Director Detail

Date