

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000033544

**Entity Name:** FAMILY NETWORK FOR SPECIAL NEEDS TRUST  
ADMINISTRATION, INC.**FILED**  
**Apr 23, 2013**  
**Secretary of State**  
**CC0315561545****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 D  
Name FONTAINE, NANCY  
Address 7940 BERNARD STREET  
City-State-Zip: TALLAHASSEE FL 32317Title V  
Name STEWART, TRACY  
Address 9518 RAPTOR COURT  
City-State-Zip: TALLAHASSEE FL 32309Title D  
Name SHAW, JULIE  
Address 29 PRIVACY LANE  
City-State-Zip: PALM COURT FL 32164Title D  
Name TCHOURIOUKANOVA, KATIA  
Address 2530 MARSTON ROAD  
City-State-Zip: TALLAHASSEE FL 32308Title S  
Name HARDING, J.R.  
Address 6207 OX BOTTOM MANOR DRIVE  
City-State-Zip: TALLAHASSEE FL 32312Title 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: JENNIFER MORGAN-BYRD****PRES****04/23/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date