FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 16 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07452 (8)

1. Corporation Name

FAMILY NETWORK ON DISABILITIES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
5510 GRAY ST. SUITE 220 TAMPA FL 33609	5510 GRAY ST. SUITE 220 TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/05/1985
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-2679597 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

SCHOENIG, WALTER
5510 GRAY ST.
SUITE 220
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	O'HALLORAN, ROGER	1.2 NAME	Bellack, Wendy	
STREET ADDRESS	115 TROPICAL SHORES DR	1.3 STREET ADDRESS	421 S.W. 20th St.	
CITY-ST-ZIP	FT MYERS BCH FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, Fl 33315	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	SANTIAGO, GARCIA	2.2 NAME		
STREET ADDRESS	20190 S.W. 286TH ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHOENIG, WALTER	3.2 NAME		
STREET ADDRESS	2428 FAIRBANKS DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE	2VD	☒ Change ☐ Addition
NAME	WADE, SALLY	4.2 NAME	Wade, Sally	
STREET ADDRESS	2520 BORDEAUX WAY	4.3 STREET ADDRESS	2520 Bordeaux Way	
CITY-ST-ZIP	LUTZ FL	4.4 CITY-ST-ZIP	Lutz, Fl 33549	
TITLE	V	5.1 TITLE	S	☒ Change ☐ Addition
NAME	BELLACK, WENDY	5.2 NAME	Hedley, Luan	
STREET ADDRESS	421 S.W. 20TH ST	5.3 STREET ADDRESS	5393 Avenia Del Mare	
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP	Sarasota, Fl 34242	
TITLE	D	6.1 TITLE		☒ Change ☐ Addition
NAME	RAMO, KATHI	6.2 NAME		
STREET ADDRESS	2465 CASTAWAY DR	6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] JANET JACOBY 3.2.95 813-289-1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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