

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07452

FILED
Apr 28, 2005
Secretary of State

Entity Name: FAMILY NETWORK ON DISABILITIES OF FLORIDA, INC.

Current Principal Place of Business:

2735 WHITNEY RD
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

2735 WHITNEY RD
CLEARWATER, FL 33760

New Mailing Address:

FEI Number: 59-2679597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LABELLE, JAN
2735 WHITNEY ROAD
CLEARWATER, FL 33760 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: SUMLIN, DONNA
Address: 1489 MARSH RABBIT WAY
City-St-Zip: ORANGE PARK, FL 32003

Title: PD () Delete
Name: DEGRYSE, PAIGE
Address: 298 CROOKEDRIDGE COURT
City-St-Zip: ORANGE PARK, FL 32065

Title: SD () Delete
Name: SCHOENIG, WALTER
Address: 2428 FAIRBANKS DRIVE
City-St-Zip: CLEARWATER, FL 33764

Title: PD () Delete
Name: MESLER, JIM
Address: 2816 SW 18ST TERR
City-St-Zip: FORT LAUDERDALE, FL 33328

Title: VD () Delete
Name: KAMLEITER, MARK
Address: 2509 FIRST AVE S.
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: D () Delete
Name: ANDREWS, PAMELA
Address: 1560 LEVY AVENUE
City-St-Zip: TALLAHASSEE, FL 32310

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SHAW, JULIE
Address: 8 BIRCH COURT
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ROUSEY, SHARON
Address: 282 EAGLET WAY
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAN LA BELLE

ED

04/28/2005

Electronic Signature of Signing Officer or Director

Date