

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90105 032 \*\*\*\*61.25

<b>DOCUMENT # N07452</b> 1. Entity Name <b>FAMILY NETWORK ON DISABILITIES OF FLORIDA, INC.</b>					
Principal Place of Business <b>2735 WHITNEY RD CLEARWATER, FL 33760</b>			Mailing Address <b>2735 WHITNEY RD CLEARWATER, FL 33760</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2679597</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LABELLE, RICHARD 2735 WHITNEY ROAD CLEARWATER, FL 33760</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUMLIN, DOROTHY 1762 BUTTONBUSH WAY ORANGE PARK, FL 32003	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Karyn Lindsay 1017 Charmingface Court Wesley Chapel, FL 33543
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALMEIDA, BELKIS 3433 MADRID AVENUE COOPER CITY, FL 33026	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jennifer Morgan-Byrd 6260 Old Bainbridge Rd. Tallahassee, FL 32303
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHOENIG, WALTER 2428 FAIRBANKS DRIVE CLEARWATER, FL 33764	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director J.R. Harding, Ed.D. 6207 Ox Bottom Manor Dr. Tallahassee, FL 32312
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAW, JULIE 29 PRIVACY LANE PALM COAST, FL 32164	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jeanne Boggs 1709 Country Club Dr. Tallahassee, FL 32301
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JADENE, RANDELL 1998 SUNTREE BOULEVARD CLEARWATER, FL 33763	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROUSEY, SHARON 958 CROSSCUT WAY LONGWOOD, FL 32750	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____			1/10/08 7275231130		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		