

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07452

FILED
Jan 12, 2011
Secretary of State

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

Current Principal Place of Business:

2196 MAIN ST.
SUITE K
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

2196 MAIN ST.
SUITE K
DUNEDIN, FL 34698

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, RICHARD
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: V
Name: STEWART, TRACY
Address: 9518 RAPTOR COURT
City-St-Zip: TALLAHASSEE, FL 32309

Title: P
Name: MORGAN-BYRD, JENNIFER
Address: 6260 OLD BAINBRIDGE RD
City-St-Zip: TALLAHASSEE, FL 32303

Title: T
Name: SIEBERT, DIANA L
Address: 4726 CHARDONNAY LANE
City-St-Zip: PORT ORANGE, FL 32129

Title: D
Name: SHAW, JULIE
Address: 29 PRIVACY LANE
City-St-Zip: PALM COAST, FL 32164

Title: S
Name: HARDING II, JAMES
Address: 6027 OX BOTTOM MANOR DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: D
Name: RANDELL, JADENE
Address: 1996 SUNTREE BLVD
City-St-Zip: CLEARWATER, FL 33763

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JENNIFER MORGAN-BYRD

PRES

01/12/2011

Electronic Signature of Signing Officer or Director

Date