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 APR 19 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N32223** **(2)**

1. Corporation Name

FAMILY NETWORK ON DISABILITIES OF CITRUS COUNTY, INC.

Principal Place of Business	Mailing Address
PROMISE VILLAGE 650 NE 10TH AVE. CRYSTAL RIVER FL 34429	3663 E. FOXWOOD LANE C/O KIMBERLY ERIN MCKEY INVERNESS FL 34452 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/10/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3169571 ☐ 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	2a. Mailing Address
21	26 650 N E 10th Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 ~~Crystal River~~
City & State 23	City & State 28 Crystal River, FL
Zip 24 / Country 25	Zip 29 34428 / Country 30 U.S.A.

9. Name and Address of Current Registered Agent

POTEETE, SALLY
922 N HORSEPRARIE RD
INVERNESS FL 34452

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1500, 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: x Sally Poteete — x 4-10-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	POTEETE, SALLY	12 NAME	
STREET ADDRESS	922 N. HORSE PRAIRE RD.	13 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	V ☒ Change ☐ Addition
NAME	EMERY, CHRISTINE	22 NAME	Greg Mannis
STREET ADDRESS	1220 W. SORRENTO	23 STREET ADDRESS	6739 West Grant Street
CITY-ST-ZIP	CITURS SPRINGS FL	24 CITY-ST-ZIP	Homosassa, FL 34446
TITLE	S	31 TITLE	S ☒ Change ☐ Addition
NAME	RUMMEL, LISA	32 NAME	Kathy Bertocchi
STREET ADDRESS	5505 GRANGER ST.	33 STREET ADDRESS	1400 North Hawick Drive
CITY-ST-ZIP	INVERNESS FL 34452	34 CITY-ST-ZIP	Crystal River, FL 34429
TITLE	T	41 TITLE	T ☒ Change ☐ Addition
NAME	JONES, KIM	42 NAME	Larry Hopper
STREET ADDRESS	7825 STAGECOACH TRAIL	43 STREET ADDRESS	518 Independence Highway
CITY-ST-ZIP	FLORAL CITY FL	44 CITY-ST-ZIP	Inverness, FL 34450
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	BORKE, PAMELA	52 NAME	Sherri Spaulding
STREET ADDRESS	978 E RAY ST	53 STREET ADDRESS	1618 South Regal Point
CITY-ST-ZIP	HERNANDO FL	54 CITY-ST-ZIP	Inverness, FL 34452
TITLE	D	61 TITLE	D ☒ Change ☐ Addition
NAME	MCKEY, KIM	62 NAME	Sherri Rife
STREET ADDRESS	3663 E FOXWOOD LANE	63 STREET ADDRESS	7290 South Blackberry Point
CITY-ST-ZIP	INVERNESS FL	64 CITY-ST-ZIP	Homosassa, FL 34436

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)(k), 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: x Sally Poteete — x 4-10-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Electronic Filing #

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N32225

D
Michael Reed change
3839 East Foxwood Lane
Inverness, FL 34452

D
Nancy Haynes
5167 East Parsons Point
Hernando, FL 34442

D
Patty Massullo
3675 North Pine Valley Loop
Lecanto, FL 34452

D
Julie Howard
9721 Regency Row
Inverness, FL 34450

D
Sandy Dayton
Trails End Road
Floral City, FL 34436

D
Pamela Burke
1414 Poe Street
Inverness, FL 34450