

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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 34428**

**650 NE 10TH AVE
C/O KIMBERLY ERIN MCKEY
CRYSTAL RIVER FL 34428
US**

3. Date Incorporated or Qualified

05/10/1989

3a. Date of Last Report

04/19/1995

2. Principal Place of Business

2a. Mailing Address
Promise Village

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.
650 NE 10th Ave.

22

27

City & State

City & State
Crystal River, Fl.

23

28

Zip

Country

Zip
34428

Country
USA

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POTEETE, SALLY
922 N HORSEPRARIE RD
INVERNESS FL 34452**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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** ☐ DELETE
NAME **POTEETE, SALLY**
STREET ADDRESS **922 N. HORSE PRAIRE RD.**
CITY - ST - ZIP **INVERNESS FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **V** ☐ DELETE
NAME **MANNIS, GREG**
STREET ADDRESS **6739 WEST GRANT STREET**
CITY - ST - ZIP **HOMOSASSA FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **S** ☒ DELETE
NAME **BERTOCCHI, KATHY**
STREET ADDRESS **1400 NORTH HAWICK DRIVE**
CITY - ST - ZIP **CRYSTAL RIVER FL**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Perry Darla**
3.3 STREET ADDRESS **514 N Hiawtha**
3.4 CITY - ST - ZIP **Inverness, Fl. 34452**

TITLE **T** ☒ DELETE
NAME **HOPPER, LARRY**
STREET ADDRESS **518 INDEPENDENCE HIGHWAY**
CITY - ST - ZIP **INVERNESS FL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **Huscher Karen**
4.3 STREET ADDRESS **PO Box 2832**
4.4 CITY - ST - ZIP **Inverness, Fl. 34451**

TITLE **D** ☐ DELETE
NAME **SPAULDING, SHERRI**
STREET ADDRESS **1618 SOUTH REGAL POINT**
CITY - ST - ZIP **INVERNESS FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **RIFE, SHERRI**
STREET ADDRESS **7290 SOUTH BLACKBERRY POINT**
CITY - ST - ZIP **HOMOSASSA FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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:

Sally M Poteete
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-96

352-637-3744

Date

Daytime Phone #

CR2E037 (12/95)