


FILE NOW: FILING FEE IS \$61.25

FILED  
May 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N32223** (2)  
1. Corporation Name  
**FAMILY NETWORK ON DISABILITIES OF CITRUS COUNTY, INC.**

Principal Place of Business <b>PROMISE VILLAGE 650 NE 10TH AVE. CRYSTAL RIVER FL 34420</b>	Mailing Address <b>PROMISE VILLAGE 650 NE 10TH AVE CRYSTAL RIVER FL 34428-4401 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/10/1989</b>	3a. Date of Last Report <b>03/01/1996</b>
21	26	4. FEI Number <b>59-3169571</b>		Applied For Not Applicable	
22		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
23		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
24		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
25		29		30	

9. Name and Address of Current Registered Agent <b>POTEETE, SALLY 922 N HORSEPRARIE RD INVERNESS FL 34452</b>		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City		85 Zip Code <b>FL</b>	

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 *Sally M Poteete*  
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	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POTEETE, SALLY</b>	1.2 NAME	
STREET ADDRESS	<b>922 N. HORSE PRAIRE RD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INVERNESS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANNIS, GREG</b>	2.2 NAME	
STREET ADDRESS	<b>6739 WEST GRANT STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOMOSASSA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PERRY, DARLA</b>	3.2 NAME	
STREET ADDRESS	<b>514 N HIAWTHA</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INVERNESS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUSCHER, KAREN</b>	4.2 NAME	
STREET ADDRESS	<b>PO BOX 2832 NA</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INVERNESS FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPAULDING, SHERRI</b>	5.2 NAME	
STREET ADDRESS	<b>1618 SOUTH REGAL POINT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INVERNESS FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIFE, SHERRI</b>	6.2 NAME	
STREET ADDRESS	<b>7290 SOUTH BLACKBERRY POINT</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOMOSASSA FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **5-21-97** **000002201490**  
-06/04/97--01069--006  
\*\*\*70.00

CR2E037 (9/96)