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(1)

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 NOV -9 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N32223

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	PROMISE VILLAGE 650 NE 10TH AVE CRYSTAL RIVER FL 34428 US

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 05/10/1999 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

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 Sally Poteete 3-31-99
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	1.1 TITLE		☐ Change ☐ Addition
NAME	POTEETE, SALLEY		1.2 NAME		
STREET ADDRESS	922 N HORSE PRAIRE RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL		1.4 CITY-ST-ZIP		
TITLE	PPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MANNIS, GREG		2.2 NAME		
STREET ADDRESS	6739 WEST GRANT STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WAINWRIGHT, JOSEPH		3.2 NAME		
STREET ADDRESS	3580 S OAKDALE TERR		3.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HUSCHER, KAREN		4.2 NAME		
STREET ADDRESS	514 HIAWATHA AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL		4.4 CITY-ST-ZIP		
TITLE	ED	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WAINWRIGHT, PAMELA		5.2 NAME		
STREET ADDRESS	3580 S OAKDALE TERR		5.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/96)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Karen J Huscher 9/30/99 352 726 1945
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR — Date — Daytime Phone #

(2)

10/19/99

To Whom It May Concern -

This has been delayed as I was hospitalized for severe asthma in August and again in October - On October 18, 1999 my husband had a heart attack -

Please accept my deepest apology for the delay - We are also awaiting the date for my husband to travel to NY to donate his bone marrow (he is the only match) to his sister who is dying from leukemia - all this and having a 7 year old son with autism and Sezieae disorders -

Thank you,
Karen J Hasher