

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32223

FILED
Apr 28, 2005
Secretary of State

Entity Name: FAMILY NETWORK ON DISABILITIES OF CITRUS COUNTY, INC.

Current Principal Place of Business:

108 S APOPKA AVE
INVERNESS, FL 34452

New Principal Place of Business:

Current Mailing Address:

S & S RESOURCE & SERVICES
P.O. BOX 357
INVERNESS, FL 34451 US

New Mailing Address:

FEI Number: 59-3169571 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

POTEETE, SALLY
7700 E ALLEN DR
INVERNESS, FL 34450 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: P () Delete
Name: POTEETE, SALLEY
Address: 7700 E ALLEN DR
City-St-Zip: INVERNESS, FL 34450

Title: P () Delete
Name: BURKE, PAM
Address: 978 E RAY ST
City-St-Zip: HERNANDO, FL 34442

Title: VD () Delete
Name: HUSCHER, KAREN
Address: 514 HIAWATHA AVE
City-St-Zip: INVERNESS, FL

Title: D () Delete
Name: WAINWRIGHT, PAMELA
Address: 3580 S OAKDALE TERR
City-St-Zip: INVERNESS, FL 34451

Title: D () Delete
Name: DAYTON, SANDRA
Address: P.O. BOX 427
City-St-Zip: FLORAL CITY, FL 34436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SALLY POTEETE

MRS

04/28/2005

Electronic Signature of Signing Officer or Director

Date