

2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N32223

FILED
Dec 16, 2010
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:

1002 S BEL AIR DRIVE
INVERNESS, FL 34450

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: SALLY M POTEETE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: POTEETE, SALLEY
Address: 7700 E ALLEN DR
City-St-Zip: INVERNESS, FL 34450

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: SALLY M. POTEETE

P

12/16/2010

Electronic Signature of Signing Officer or Director

Date