FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **N34481** **(4)**

1. Corporation Name

THE FAMILY NETWORK ON DISABILITIES OF MANATEE/SARASOTA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 10707 BRADENTON FL 34282	P.O. BOX 10707 BRADENTON FL 34282

3. Date Incorporated or Qualified: 10/03/1989

3a. Date of Last Report: 12/20/1995

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

City & State (23)

City & State (28)

Zip (24) Country (25)

Zip (29) Country (30)

4. FEI Number: 65-0156905 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BLUMENTHAL, ROBERTA
2203 - 24 ST WEST
BRANDENTON FL 34205

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BRAEGER, MARY		1.2 NAME		
STREET ADDRESS	4935 47TH AVE W.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34210		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	V.P.	☒ Change ☐ Addition
NAME	GOODMAN, BARBARA		2.2 NAME	Margarita Heideman	
STREET ADDRESS	4232 ROXANNE BLVD.		2.3 STREET ADDRESS	5906 Pinetree Dr.	
CITY-ST-ZIP	SARASOTA FL 34235		2.4 CITY-ST-ZIP	Bradenton, Fl. 34202	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BLUMENTHAL, ROBERTA		3.2 NAME		
STREET ADDRESS	2203 24 ST. W.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BRANDENTON FL 34205		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	CURRIER, DEE DEE		4.2 NAME	Mary Smyth	
STREET ADDRESS	2203 78 ST. W.		4.3 STREET ADDRESS	5607 - 61 ST. E.	
CITY-ST-ZIP	BRADENTON FL 34209		4.4 CITY-ST-ZIP	Bradenton, Fl 34203	
TITLE	TD	☐ DELETE	5.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	DINITTO, ELAINE		5.2 NAME	Yvonne Offhaus	
STREET ADDRESS	352 DEARDED OAK CIRCLE		5.3 STREET ADDRESS	1205 Dartmouth Dr.	
CITY-ST-ZIP	SARASOTA FL 34232		5.4 CITY-ST-ZIP	Bradenton, Fl 34207	
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 (12/95)

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: Roberta Blumenthal — April 20, 1996 — 941-747-0007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Roberta BLUMENTHAL