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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N34481

1. Corporation Name

THE FAMILY NETWORK ON DISABILITIES OF MANATEE/SA RASOTA, INC.

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

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 10/03/1989 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

9. Name and Address of Current Registered Agent

SMITH, MARY J.
5607 61ST STREET EAST
BRANDENTON FL 34203

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	Vice-President - D	☐ Change ☒ Addition
NAME	SMITH, MARY J.		1.2 NAME	Brian McCarthy	
STREET ADDRESS	5607 61ST STREET EAST		1.3 STREET ADDRESS	4966 Oldham Street	
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-ST-ZIP	Sarasota, FL 34238	
TITLE	FVPD	☒ DELETE XX	2.1 TITLE	Secretary - D	☐ Change ☒ Addition
NAME	HEIDEMAN, MARGARITA		2.2 NAME	Nancy Marsh	
STREET ADDRESS	5906 PINETREE DRIBVE		2.3 STREET ADDRESS	4190 Drakeswood Circle	
CITY-ST-ZIP	BRADENTON FL		2.4 CITY-ST-ZIP	Sarasota, FL 34232	
TITLE	SVP	☒ DELETE XX	3.1 TITLE		☐ Change ☐ Addition
NAME	MARSH, NANCY		3.2 NAME		
STREET ADDRESS	4190 DRAKESWOOD CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HAGER, JUDY		4.2 NAME		
STREET ADDRESS	5616 61ST STREET EAST		4.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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		

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: Mary J. Smith SIGNATURE REQUIRED 2-9-99 941-755-7325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR3E037-(11/98)