NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90424 032 ****70.00

DOCUMENT # N34481

1. Entity Name

Family Network on Disabilities of Manatee/Sarasota, Inc.

94064069

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1748 Independence Blvd.	P.O. Box 10707
Suite, Apt. #, etc.: Suite G6	Suite, Apt. #, etc.
City & State: Sarasota, FL	City & State: Bradenton, FL
Zip: 34234 Country: Sarasota	Zip: 34282 Country: Manatee

4. FEI Number: 65-0156905 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Mary J. Smith

Street Address (P.O. Box Number is Not Acceptable): 6153 36th Lane East

City: Bradenton FL Zip Code: 34203

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Mary J. Smith — Mary J Smith, Executive Director — 4-21-04

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

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Ellen Klein
STREET ADDRESS	5352 Levi Lane
CITY-ST-ZIP	Sarasota, FL 34233
TITLE	VP
NAME	Audrey Hopkins
STREET ADDRESS	10803 Country River Drive
CITY-ST-ZIP	Parrish, FL 34219
TITLE	T
NAME	Kim Ross
STREET ADDRESS	5310 Gardens Drive
CITY-ST-ZIP	Sarasota, FL 34243
TITLE	S
NAME	Susan Siegel
STREET ADDRESS	1640 South Lakeshore
CITY-ST-ZIP	Sarasota, FL 34231
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary J. Smith — Mary J Smith, Executive Director — 4/21/04 — 941-358-0275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #