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

FILED
Jan 10, 2005 8:00 am
Secretary of State
01-10-2005 90015 037 ****70.00

DOCUMENT # N34481

1. Entity Name
Family Network on Disabilities of Manatee/Sarasota, Inc.

DO NOT WRITE IN THIS SPACE

50000948
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6153 36th Lane East Suite, Apt. #, etc.	P.O. Box 10707 Suite, Apt. #, etc.
City & State: Bradenton	City & State: Bradenton
Zip: 34234 Country: Manatee	Zip: 34282 Country: Manatee

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

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

DO NOT WRITE IN THIS SPACE

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

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: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: VP NAME: Audrey Hopkins STREET ADDRESS: 10803 Country River Drive CITY-ST-ZIP: Parrish, FL 34219	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: T NAME: Kim Ross STREET ADDRESS: 5310 Gardens Drive CITY-ST-ZIP: Sarasota, FL 34243	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: DO NOT WRITE
TITLE: S NAME: Susan Siegel STREET ADDRESS: 1640 South Lakeshore CITY-ST-ZIP: Sarasota, FL 34231	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: IN THIS SPACE
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CR2E037B (12/02)

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 12/22/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #