

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90156 011 ****70.00

DOCUMENT # N34481 1. Entity Name THE FAMILY NETWORK ON DISABILITIES OF MANATEE/SARASOTA, INC.					
Principal Place of Business 6153 36TH LANE EAST BRADENTON, FL 34204			Mailing Address P.O. BOX 10707 BRADENTON, FL 34282		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0156905	
5. Certificate of Status Desired ☒				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SMITH, MARY J. 6153 36TH LANE EAST BRADENTON, FL 34203				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>Mary J Smith</i> Signature, typed or printed name of registered agent and title if applicable.		Mary J Smith, Executive Director 2/24/06 (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLEIN, ELLEN 5352 LEVI LANE SARASOTA, FL 34243	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOPKINS, AUDREY 10803 COUNTRY RIVER DR. PARRISH, FL 34219	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSS, KIM 5310 GARDENS DR. SARASOTA, FL 34243	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIEGEL, SUSAN 1640 SOUTH LAKESHORE SARASOTA, FL 34231	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Carol Papa 1620 Firethorne Lane Sarasota, FL 34240 ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Kim Ross</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Kim Ross		2/24/06 941-928-0682 Date Daytime Phone #	