2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State
02-09-2007 90025 047 ****70.00

DOCUMENT # N34481

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

Principal Place of Business	Mailing Address
6153 36TH LANE EAST BRADENTON, FL 34204	P.O. BOX 10707 BRADENTON, FL 34282

01312007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6215 Lorraine Road	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bradenton, FL	City & State
Zip: 34202 Country: Manatee	Zip Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, MARY J. 6153 36TH LANE EAST BRADENTON, FL 34203	Name Street Address (P.O. Box Number is Not Acceptable) 26013 81st Drive East City: Myakka City FL Zip Code: 34251

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 1/31/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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	PD HOPKINS, AUDREY 10803 COUNTRY RIVER DR. PARRISH, FL 34219	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROSS, KIM 5310 GARDENS DR. SARASOTA, FL 34243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SIEGEL, SUSAN 1640 SOUTH LAKESHORE SARASOTA, FL 34231	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Meredith Carroll 1763 Towering Oak Drive Sarasota, FL 34232	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PAPA, CAROL 1620 FIRETHORNE LN SARASOTA, FL 34240	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Patty D'Andrea 5413 Ashton Manor Drive Sarasota, FL 34233	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Kim Ross Treasurer Kim Ross 1/31/07 (941)351-5902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #