2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2009
Secretary of State

DOCUMENT# N34481

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

Current Principal Place of Business:

6215 LORRAINE ROAD
BRADENTON, FL 34202

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10707
BRADENTON, FL 34282

New Mailing Address:

P.O. BOX 110025
BRADENTON, FL 34211

FEI Number: 65-0156905 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SMITH, MARY J.
26013 81ST DRIVE EAST
MYAKKA CITY, FL 34251 US

Name and Address of New Registered Agent:

SMITH, MARY J ED
26013 81ST DRIVE EAST
MYAKKA CITY, FL 34251 US

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.

SIGNATURE: MARY J SMITH 01/25/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: ROSS, KIM
Address: 5310 GARDENS DR.
City-St-Zip: SARASOTA, FL 34243

Title: SD ( ) Delete
Name: MEREDITH, CARROLL
Address: 1763 TOWERING OAK DRIVE
City-St-Zip: SARASOTA, FL 34232

Title: PD ( ) Delete
Name: MARSH, NANCY
Address: 4190 DRAKESWOOD CIRCLE
City-St-Zip: SARASOTA, FL 34232

Title: VD ( ) Delete
Name: PATTY, D'ANDREA
Address: 5413 ASHTON MANOR DRIVE
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: MEREDITH, CARROLL
Address: 1250 WESTERN PINE CIRCLE
City-St-Zip: SARASOTA, FL 34240

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: DEBBIE, SMITH
Address: 2045 MISTY SUNRISE TRAIL
City-St-Zip: SARASOTA, FL 34240

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM ROSS TD 01/25/2009
Electronic Signature of Signing Officer or Director Date