2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2016
Secretary of State
CC9624934545

DOCUMENT# N13000010481

Entity Name: FLORIDA SELF-ADVOCATE NETWORK, INC. FL SANDS

Current Principal Place of Business:

5315 1ST AVENUE SOUTH
ST. PETERSBURG, FL 33707

Current Mailing Address:

5044 KRATZ CARRIAGE ROAD
PIPERSVILLE, PA 18947 US

FEI Number: 46-4148300

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ORSINI, SCOTT T
5315 1ST AVENUE SOUTH
ST. PETERSBURG, FL 33707 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	ED
Name	ORGANIZATIONAL MANAGEMENT SOLUTIONS, INC.
Address	1542 KINGSLEY AVE SUITE 136
City-State-Zip:	ORANGE PARK FL 32073
Title	VP
Name	BENNETT, DONNA
Address	1477 SE LEGACY COVE CIR
City-State-Zip:	STUART FL 34994
Title	TREASURER
Name	KING, LARISSA
Address	501 PALM TRAIL
City-State-Zip:	DELRAY BEACH FL 33483
Title	P
Name	SHALETT, FRANK
Address	1911 SW 4TH ST
City-State-Zip:	FT LAUDERDALE FL 33312
Title	P
Name	SHALETT, FRANK
Address	1911 SW 4TH ST
City-State-Zip:	FT LAUDERDALE FL 33312
Title	PARLIAMENTARIAN
Name	BAKER, AMANDA
Address	PO BOX 82
City-State-Zip:	PANAMA CITY FL 32402
Title	SEC
Name	PIRONE, MARY JO
Address	9200 N. HOLLYBROOK LAKE DR APT 109
City-State-Zip:	PEMBROKE PINES FL 33025
Title	VP
Name	BENNETT, DONNA
Address	1477 SE LEGACY COVE CIR
City-State-Zip:	STUART FL 34994

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: CHRISTINA ST.CLAIR CEO 07/15/2016

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	PARLIAMENTARIAN
Name	BAKER, AMANDA
Address	PO BOX 82
City-State-Zip:	PANAMA CITY FL 32402

Title	SEC
Name	PIRONE, MARY JO
Address	9200 N. HOLLYBROOK LAKE DR APT 109
City-State-Zip:	PEMBROKE PINES FL 33025

Title	TREASURER
Name	KING, LARISSA
Address	501 PALM TRAIL
City-State-Zip:	DELRAY BEACH FL 33483