

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34481

Entity Name: THE FAMILY NETWORK ON DISABILITIES OF
MANATEE/SARASOTA, INC.**Current Principal Place of Business:**7361 MERCHANT COURT
SARASOTA, FL 34240**Current Mailing Address:**P.O. BOX 110025
BRADENTON, FL 34211**FEI Number: 65-0156905****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**SMITH, MARY JED
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	TD	Title	VP
Name	ROSS, KIM	Name	SCHAU, KATE
Address	5310 GARDENS DR.	Address	6419 95TH STREET EAST
City-State-Zip:	SARASOTA FL 34243	City-State-Zip:	BRADENTON FL 34202
Title	ED	Title	PRESIDENT
Name	SMITH, MARY	Name	LASOTA, JOSEPH III
Address	26013 81ST DRIVE EAST	Address	7532 S LEEWYNN DRIVE
City-State-Zip:	MYAKKA CITY FL 34251	City-State-Zip:	SARASOTA FL 34240
Title	SECRETARY		
Name	PADGETT, FRAN		
Address	507 54TH STREET N W		
City-State-Zip:	BRADENTON FL 34209		

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: MARY J SMITH**EXECUTIVE DIRECTOR****03/17/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date