

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR - 8 PM 3:40

DOCUMENT # **734502** (8)

1. Corporation Name
SPINA BIFIDA ASSOCIATION OF CENTRAL FLORIDA, INC

Principal Place of Business Mailing Address
**6041 BROOKHILL CT P.O. BOX 547970
ORLANDO FL 32854-970- ORLANDO FL 32854-
US US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/04/1975	3a. Date of Last Report 03/08/1994
4. FEI Number 59-1804997	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 32810	Country 25
Zip 29 32854-7970	Country 30

9. Name and Address of Current Registered Agent

**LEE, R. KIMBARK
215 N. EOLA DRIVE
12TH FLOOR
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reselecting) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	CALHOUN, CAROLYN
STREET ADDRESS	502 VALENCIA PL CIRCLE
CITY- ST- ZIP	ORLANDO FL
TITLE	TD
NAME	MURPHY, SHARYN
STREET ADDRESS	1741 WOODY DR.
CITY- ST- ZIP	WINDERMEERE FL
TITLE	VD
NAME	CALHOUN, MIKE
STREET ADDRESS	502 VALENCIA PL CIRCLE
CITY- ST- ZIP	ORLANDO FL
TITLE	PD
NAME	HOWLAND, ALAN
STREET ADDRESS	6041 BROOKHILL CT.
CITY- ST- ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Howland, Grace	
1.3 STREET ADDRESS	6041 Brookhill Ct	
1.4 CITY- ST- ZIP	Orlando, FL 32810	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sharyn W. Murphy Sharyn W. Murphy **3-3-95** (407) 295-5072
Signature and typed or printed name of officer or director Date Business Phone #