

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 14 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 734502 (8)**  
 1. Corporation Name  
**SPINA BIFIDA ASSOCIATION OF CENTRAL FLORIDA, INC**

Principal Place of Business <b>1240 Glencrest Dr. Heathrow, FL 32746</b>	Mailing Address <b>PO Box 547970 ORLANDO, FL 32854-7970</b>
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3. Date Incorporated or Qualified <b>12/04/1975</b>	3a. Date of Last Report <b>3/6/96</b>
4. FEI Number <b>59-1804997</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>Lee, R. Kimbark 215 N. Eola Dr. 12th Floor Orlando, FL 32801</b>				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	<b>FL</b> 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Sign name, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Evans, Simone</b>	1.2 NAME	
STREET ADDRESS	<b>1240 Glencrest Dr.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>Heathrow, FL 32746</b>	1.4 CITY - ST - ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Murphy, Sharyn</b>	2.2 NAME	
STREET ADDRESS	<b>1741 Woody Dr.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>Windermere, FL 34786</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>welke, Mariann</b>	3.2 NAME	
STREET ADDRESS	<b>1401 Fahnstock St.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>Eustis, FL 32726</b>	3.4 CITY - ST - ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Howland, Grace</b>	4.2 NAME	
STREET ADDRESS	<b>6041 Brookhill Ct.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>Orlando, FL 32810</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>800002143088</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>-04/15/97--01009--026</b>
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<b>***61.25</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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** **4-8-97 (407) 295-5072**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)

*Handwritten signature and date: CA 4/14/97*