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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 1240 GLENCREST DR. HEATHROW FL 32746 US	Mailing Address P.O. BOX 547970 ORLANDO FL 32854-7970 US
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3. Date Incorporated or Qualified 12/04/1975		
4. FEI Number 59-1804997	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HOWLAND, GRACE	
STREET ADDRESS	6041 BROOKHILL CT	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, SHARYN	
STREET ADDRESS	1741 WOODY DR.	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	EVANS, SIMONE	
STREET ADDRESS	1240 GLENCREST DR.	
CITY-ST-ZIP	HEATHROW FL 32746	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WELKE, MARIANN	
STREET ADDRESS	1401 FAHNSTOCK ST.	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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	Jacquelyn C. Zackery	
1.3 STREET ADDRESS	7222 Jonquil Dr.	
1.4 CITY-ST-ZIP	Orlando, Fla. 32818	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Katherine S. Antos	
2.3 STREET ADDRESS	651 Cayuga Drive	
2.4 CITY-ST-ZIP	Winter Springs, FL 32708	
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 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: *Simone Evans* 01-16-98 407-829-4464

CR2E037 (10/97)