

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

0068918

DOCUMENT # 734502

1. Entity Name

SPINA BIFIDA ASSOCIATION OF CENTRAL FLORIDA, INC

02-06-2002 90011 031 ****61.25

Principal Place of Business

Mailing Address

1240 GLENCREST DR.
 HEATHROW FL 32746
 US

P.O. BOX 547970
 ORLANDO FL 32854-7970
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1236 St. Albans Loop

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Heathrow FL

City & State

4. FEI Number

59-1804997

Applied For

Not Applicable

Zip

32746

Country

Seminole

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: SD
 NAME: ZACKERY, JACQUELYN Delete
 STREET ADDRESS: 7222 JONQUIL DR
 CITY-ST-ZIP: ORLANDO FL 32818

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: TD Delete
 NAME: ANTOS, KATHERINE S
 STREET ADDRESS: 651 CAYUGA DR
 CITY-ST-ZIP: WINTER SPRINGS FL 32708

TITLE: TD Change Addition
 NAME: W. Kim Evans
 STREET ADDRESS: 1236 St. Albans Loop
 CITY-ST-ZIP: Heathrow, FL 32746

TITLE: PD Delete
 NAME: EVANS, SIMONE
 STREET ADDRESS: 1240 GLENCREST DR. 1236 St. Albans Loop
 CITY-ST-ZIP: HEATHROW FL 32746

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: VD Delete
 NAME: STEBBINS, CINDY
 STREET ADDRESS: 347 W LAKE FAITH
 CITY-ST-ZIP: MAITLAND FL 32751

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS:
 CITY-ST-ZIP:

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *C. Simone Evans* / C. Simone Evans 01/17/02 407-862-1266
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)