
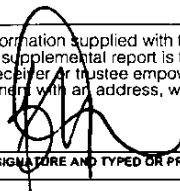


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

06-04-2007 90009 033 \*\*\*\*61.25

<b>DOCUMENT # 734502</b>					
1. Entity Name SPINA BIFIDA ASSOCIATION OF CENTRAL FLORIDA, INC.					
Principal Place of Business 7643 PERSIAN COURT ORLANDO, FL 32819 US			Mailing Address 7643 PERSIAN COURT ORLANDO, FL 32819 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1804997	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOSODA, BECCY 7643 PERSIAN COURT ORLANDO, FL 32819			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOSODA, BECCY		NAME	Rose Mary Lumm	
STREET ADDRESS	7643 PERSIAN COURT		STREET ADDRESS	4810 Fort Apache Court	
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP	Orlando, FL 32822	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOWNING, LINDA		NAME	Ken Hamner, Esquire	
STREET ADDRESS	1348 HAMPSHIRE PLACE CIRCLE		STREET ADDRESS	419 N. Magnolia Avenue	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP	Orlando, FL 32801	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVANS, C. SIMONE		NAME	Eric Trumble, MD	
STREET ADDRESS	2612 REAGAN TRAIL		STREET ADDRESS	22 W. Lake Beauty Drive, Suite 204	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	Orlando, FL 32806	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWLAND, GRACE M		NAME	Steven Beatty	
STREET ADDRESS	6041 BROOKHILL COURT		STREET ADDRESS	120 Kelly Circle	
CITY-ST-ZIP	ORLANDO, FL 32810		CITY-ST-ZIP	Sanford, FL 32773	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Sara Reese, MSPT	
STREET ADDRESS			STREET ADDRESS	13506 Summerport Village Parkway, Suite 410	
CITY-ST-ZIP			CITY-ST-ZIP	Windermere, FL 34786	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> 			01/09/2007		(407) 248-9210
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>