


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # 734502

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



Principal Place of Business Mailing Address

7643 PERSIAN COURT 7643 PERSIAN COURT
 ORLANDO, FL 32819 US ORLANDO, FL 32819 US

DO NOT WRITE IN THIS SPACE



02282008 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
 59-1804997 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOSODA, BECCY
 7643 PERSIAN COURT
 ORLANDO, FL 32819

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000913162
 05/08/08-80004-021 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOSODA, BECCY
STREET ADDRESS	7643 PERSIAN COURT
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	VD
NAME	LUMM, ROSE M
STREET ADDRESS	4810 FORT APACHE COURT
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	D
NAME	HAMMER, KEN
STREET ADDRESS	419 N. MAGNOLIA AVENUE
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	SD
NAME	HOWLAND, GRACE M
STREET ADDRESS	6041 BROOKHILL COURT
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE:  Beccy Hosoda Date: 04.10.08 Daytime Phone #: 407.248.9210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #