

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734502

FILED  
May 12, 2009  
Secretary of State

**Entity Name:** SPINA BIFIDA ASSOCIATION OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

7643 PERSIAN COURT  
ORLANDO, FL 32819 US

**New Principal Place of Business:**

**Current Mailing Address:**

7643 PERSIAN COURT  
ORLANDO, FL 32819 US

**New Mailing Address:**

**FEI Number:** 59-1804997      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HOSODA, BECCY  
7643 PERSIAN COURT  
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HOSODA, BECCY  
Address: 7643 PERSIAN COURT  
City-St-Zip: ORLANDO, FL 32819 US

Title: VD ( ) Delete  
Name: LUMM, ROSE M  
Address: 4810 FORT APACHE COURT  
City-St-Zip: ORLANDO, FL 32822

Title: D ( ) Delete  
Name: HAMMER, KEN  
Address: 419 N. MAGNOLIA AVENUE  
City-St-Zip: ORLANDO, FL 32801

Title: SD ( ) Delete  
Name: HOWLAND, GRACE M  
Address: 6041 BROOKHILL COURT  
City-St-Zip: ORLANDO, FL 32810

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MD ( ) Change (X) Addition  
Name: TRUMBLE, ERIC R MD  
Address: 615 E PRINCETON ST SUITE 540  
City-St-Zip: ORLANDO, FL 32803

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIC R TRUMBLE

MD

05/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date