

734502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

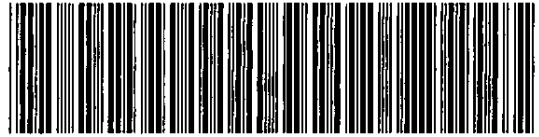
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300159267093

08/07/09--01008--005 **35.00

Amend

FILED

2009 AUG 20 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ADK
8/11/09

**00789 01169 00707 00677*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SPINA BIFIDA ASSOCIATION OF CENTRAL FLORIDA, INC.

DOCUMENT NUMBER: 734502

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cindy Stebbins Rusnak

(Name of Contact Person)

SPINA BIFIDA ASSOCIATION OF CENTRAL FLORIDA, INC

(Firm/ Company)

347 West Lake Faith Dr

(Address)

Maitland, FL 32751

(City/ State and Zip Code)

For further information concerning this matter, please call:

Cindy Rusnak

(Name of Contact Person)

at (407) 539-2717

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$35 Filing Fee

\$43.75 Filing Fee &
Certificate of Status

\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

\$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2009

Cindy Stebbins Rusnak
Sina Bifida Association of Central
347 West Lake Faith Dr.
Maitland, FL 32751

SUBJECT: SPINA BIFIDA ASSOCIATION OF CENTRAL FLORIDA, INC.
Ref. Number: 734502

We have received your document for SPINA BIFIDA ASSOCIATION OF CENTRAL FLORIDA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 809A00027416

RECEIVED

2009 AUG 20 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Spina Befida Association of Florida, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

734 502

(Document Number of Corporation (if known))

FILED
2009 AUG 19 PM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

347 West Lake Faith Dr
Maitland, FL 32751

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as above

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Cindy Stebbins Rusnak

New Registered Office Address:

347 West Lake Faith Drive

(Florida street address)

Maitland

(City)

Florida 32751

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Cindy Stebbins Rusnak
Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------------|--|--|
| Pres/Dir | Beccy Hosoda | 7643 Persian Crt Orlando FL 32819 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| Dir | Ken Hamner | 419 N Magnolia Av Orlando FL 32801 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| Pres/Dir | Rose Mary Kumm | 4810 Fort Apache Court Orlando FL 32822 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| Treas | Cindy Stebbins Kusnak | 347 West Lake Faith Dr Maitland FL 32751 | <input checked="" type="checkbox"/> add |

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: 8-15-09
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 8-15-09

Signature Cindy Stebbins Rusnak
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Cindy Stebbins Rusnak
(Typed or printed name of person signing)

Treasurer
(Title of person signing)