

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734502

FILED
Jan 17, 2011
Secretary of State

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

Current Principal Place of Business:

347 WEST LAKE FAITH DR.
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

347 WEST LAKE FAITH DR.
MAITLAND, FL 32751 US

New Mailing Address:

FEI Number: 59-1804997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEBBINS RUSNAK, CINDY
347 WEST LAKE FAITH DR.
MAITLAND, FL 32751 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: COB
Name: GOWER, NICOLE V
Address: 3262 LORIMAR LANE
City-St-Zip: ST. CLOUD, FL 34772

Title: T
Name: STEBBINS RUSNAK, CINDY
Address: 347 W LAKE FAITH DRIVE
City-St-Zip: MAITLAND, FL 32751

Title: VCOB
Name: ROY, ROBERT A
Address: 915 LUCERNE TERRACE
City-St-Zip: ORLANDO, FL 32806

Title: S
Name: BRUNER, PATRICIA M
Address: 1311 BLAKEMORE COURT
City-St-Zip: TALLAHASSEE, FL 32317

Title: D
Name: LUMM, ROSE M
Address: 4810 FORT APACHE COURT
City-St-Zip: ORLANDO, FL 32822

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA M BRUNER

S

01/17/2011

Electronic Signature of Signing Officer or Director

Date