

734502

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SECRETARY OF STATE  
FALL RIVER, MASSACHUSETTS 01910

FEB 22 2012

T. LEMIEUX

*Handwritten initials*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Spina Bifida Association of Central Florida, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 734502

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Nicole V. Gower  
Name of Contact Person

Spina Bifida Association of Central Florida, Inc.  
Firm/Company

3262 Lorimar Lane  
Address

St. Cloud, FL 34772  
City/State and Zip Code

sbacfl@ymail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole V. Gower at ( 407 ) 248-9210  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**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

February 8, 2012

NICOLE V GOWER  
3262 LORIMAR LN  
ST CLOUD, FL 34772

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 sent in to file a registered agent change is not correct.

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) 245-6957.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 812A00005545

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12 FEB 22 AM 7:53

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: SPINA BIFIDA ASSOCIATION OF CENTRAL FLORIDA, INC
2. The principal office address: 3202 LORIMAR LANE ST. CLOUD, FL 34772
3. The mailing address (if different): P.O. BOX 700536 ST. CLOUD, FL 34769
4. Date of incorporation/qualification: 12/4/1975 Document number: 734502
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CINDY STEBBINS RUSNAK
347 WEST LAKE FAITH DRIVE
MAITLAND, FL 32751

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

PATRICIA M. BRUNER
1311 BLAKEMORE COURT
TALLAHASSEE, FL 32317
P.O. Box NOT acceptable

12 FEB 22 PM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Nicole V. Gower
Signature of an officer or director

NICOLE V. GOWER BOARD CHAIR
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Patricia M. Bruner
Signature of Registered Agent

2/20/2012
Date

If signing on behalf of an entity:

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314