

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90631 036 \*\*\*\*70.00

**DOCUMENT # 734502**



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

Principal Place of Business  
**1236 ST ALBANSLOOP  
HEATHROW FL 32746  
US**

Mailing Address  
**P.O. BOX 547970  
ORLANDO FL 32854-7970  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1804997**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**LEE, R. KIMBARK  
215 N. EOLA DRIVE  
12TH FLOOR  
ORLANDO FL 32801**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>ZACKERY, JACQUELYN</b>	
STREET ADDRESS	<b>7222 JONQUIL DR</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32818</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>EVANS, W. KIM</b>	
STREET ADDRESS	<b>1236 ST ALBANS LOOP</b>	
CITY-ST-ZIP	<b>HEATHROW FL 32746</b>	
TITLE	<b>PD-</b>	<input type="checkbox"/> Delete
NAME	<b>EVANS, SIMONE</b>	
STREET ADDRESS	<b>1236 ST ALBANS LOOP</b>	
CITY-ST-ZIP	<b>HEATHROW FL 32746</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>STEBBINS, CINDY</b>	
STREET ADDRESS	<b>347 W LAKE FAITH</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **C. STEBBINS**

04-15-03 407-862-1266

CR2E037 (10/02)