

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12854 (8)
1. Corporation Name
SPINA BIFIDA ASSOCIATION OF SOUTHWEST FLORIDA, I NC.

Principal Place of Business

1201 NE 14 AVE
CAPE CORAL FL 33910
US

Mailing Address

1201 NE 14 AVE
P.O. BOX 1263
CAPE CORAL FL 33910
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/31/1985		3a. Date of Last Report 03/29/1995	
21 125 Bourne Ave.		26 P.O. Box 2684		4. FEI Number 59-2554427		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State Ft. Myers, FL		28 City & State Ft. Myers, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 33916		25 Country USA		29 Zip 33902		30 Country USA	
24 33916		25 USA		29 33902		30 USA	

9. Name and Address of Current Registered Agent

MYLES, CATHY
1201 NE 14 AVE
CAPE CORAL FL 33909

10. Name and Address of New Registered Agent

81 Name Mullin, Joyce	85 Zip Code 33916
82 Street Address (P.O. Box Number is Not Acceptable) 125 Bourne Ave	
83	
84 City Ft. Myers	85 FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Joyce T. Mullin*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/12/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input checked="" type="checkbox"/> DELETE	MYLES, CATHY 1201 NE 14 AVE CAPE CORAL FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	P/D Mullin, Joyce 125 Bourne Ave. Ft. Myers, FL
<input type="checkbox"/> DELETE	CROWTHER, PENNY 12645 SHANNONDALE DR FT MYERS FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	V
<input type="checkbox"/> DELETE	WESTEGARD, DONNA M. 312 EL DORADO PKWY W. CAPE CORAL FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	S Carville, Jill 3320 Santa Barbara Blvd. Cape Coral, FL
<input type="checkbox"/> DELETE	KOWERKO, ANDREW 797 ELMIRA BLVD PT CHARLOTTE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> DELETE	LAPIEDRA, WALTER 8270 COLLEGE PKWY 101 FT MYERS FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	T Eisenmann, Susan 13036 3rd St. SE Ft. Myers, FL
<input checked="" type="checkbox"/> DELETE	MULLIN, JOYCE 125 BOURNE AVE FT MYERS FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D Westegard, Donna M. 312 EL Dorado PKWY. W. Cape Coral, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Susan L. Eisenmann*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96 941-694-2151

CR2E037 (12/95)