

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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**

3. Date Incorporated or Qualified **12/31/1985** 3a. Date of Last Report **03/29/1995**

2. Principal Place of Business
21 **125 Bourne Ave.**
Suite, Apt. #, etc.
22
City & State
23 **Ft. Myers, FL.**
Zip Country
24 **33916** 25 **USA**

2a. Mailing Address
26 **P.O. Box 2684**
Suite, Apt. #, etc.
27
City & State
28 **Ft. Myers, FL**
Zip Country
29 **33902** 30 **USA**

4. FEI Number **59-2554427**
Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

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. Mullen* DATE **4/12/96**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MYLES, CATHY	
STREET ADDRESS	1201 NE 14 AVE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CROWTHER, PENNY	
STREET ADDRESS	12845 SHANNONDALE DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WESTEGARD, DONNA M.	
STREET ADDRESS	312 EL DORADO PKWY W.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOWERKO, ANDREW	
STREET ADDRESS	797 ELMIRA BLVD	
CITY-ST-ZIP	PT CHARLOTTE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LAPIEDRA, WALTER	
STREET ADDRESS	8270 COLLEGE PKWY 101	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MULLIN, JOYCE	
STREET ADDRESS	125 BOURNE AVE	
CITY-ST-ZIP	FT MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mullin, Joyce	
1.3 STREET ADDRESS	125 Bourne Ave.	
1.4 CITY-ST-ZIP	Ft. Myers, FL	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Carville, Jill	
3.3 STREET ADDRESS	3320 Santa Barbara Blvd.	
3.4 CITY-ST-ZIP	Cape Coral, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Eisenmann, Susan	
5.3 STREET ADDRESS	13036 3rd St. SE	
5.4 CITY-ST-ZIP	Ft. Myers, FL	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Westegard, Donna M.	
6.3 STREET ADDRESS	312 EL Dorado PKWY. W.	
6.4 CITY-ST-ZIP	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* DATE **4/11/96** **941-694-2151**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)