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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N12854 (8)
1. Corporation Name
SPINA BIFIDA ASSOCIATION OF SOUTHWEST FLORIDA, I NC.



Principal Place of Business 125 BOURNE AVE. FT. MYERS FL 33916 US	Mailing Address P.O. BOX 2684 FT. MYERS FL 33902-2684 US
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3. Date Incorporated or Qualified 12/31/1985	3a. Date of Last Report 04/17/1996
4. FEI Number 59-2554427	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
**MULLIN, JOYCE
125 BOURNE AVE
FT. MYERS FL 33916**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MULLIN, JOYCE	
STREET ADDRESS	125 BOURNE AVE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CROWTHER, PENNY	
STREET ADDRESS	12645 SHANNONDALE DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CARVILLE, JILL	
STREET ADDRESS	3320 SANTA BARBARA BLVD	
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	T	<input type="checkbox"/> DELETE
NAME	EISENMANN, SUSAN	
STREET ADDRESS	13036 3RD ST, SE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WESTGARD, DONNA M.	
STREET ADDRESS	312 EL DORADO PKWY W.	
CITY-ST-ZIP	CAPE CORAL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VD Barker, Maryanne
2.3 STREET ADDRESS	1920 SW 47th Terrace
2.4 CITY-ST-ZIP	Cape Coral, FL 33914
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SD
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	15090 N. Olga Rd.
5.4 CITY-ST-ZIP	Alva, FL 33920-3114
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 Eisenmann **REQUIRED** 2/10/97 941-694-2151 ext. 158
Signature and typed or printed name of signing officer or director Date Daytime Phone # 005977

CR2E037 (9/96)