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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 125 BOURNE AVE. FT. MYERS FL 33916 US
Mailing Address: P.O. BOX 2684 FT. MYERS FL 33902 US

3. Date Incorporated or Qualified: 12/31/1985
4. FEI Number: 59-2554427

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields for Suite, City & State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLIN, JOYCE	1.2 NAME	
STREET ADDRESS	125 BOURNE AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, MARYANNE	2.2 NAME	
STREET ADDRESS	1920 SW 47TH TERRACE	2.3 STREET ADDRESS	
CITY-SI-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARVILLE, JILL	3.2 NAME	
STREET ADDRESS	3320 SANTA BARBARA BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOWERKO, ANDREW	4.2 NAME	
STREET ADDRESS	797 ELMIRA BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EISENMANN, SUSAN	5.2 NAME	
STREET ADDRESS	15090 N OLGA RD	5.3 STREET ADDRESS	13036 3rd St. SE.
CITY-ST-ZIP	ALVA FL	5.4 CITY-ST-ZIP	FL, Myers, FL 33905
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 2/15/98 941-694-2151 x273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0058028

CR2E037 (10/97)