

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 734502

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

**FILED**  
**Feb 01, 2016**  
**Secretary of State**  
**CC3755812630**

**Current Principal Place of Business:**

100 W. LUCERNE CIRCLE  
SUITE 100-M  
ORLANDO, FL 32801

**Current Mailing Address:**

100 W. LUCERNE CIRCLE  
SUITE 100-M  
ORLANDO, FL 32801 US

**FEI Number: 59-1804997**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ALLEN, KAREN  
100 W. LUCERNE CIRCLE  
SUITE 100-M  
ORLANDO, FL 32801 US

*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.*

**SIGNATURE: KAREN ALLEN**

**02/01/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIR  
Name ANDERSON, MARK  
Address 4251 VIRGINIA DRIVE  
City-State-Zip: ORLANDO FL 32814

Title DIRECTOR  
Name HUBERT, SWANA DR.  
Address 1717 SOUTH ORANGE AVENUE,  
SUITE 100  
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR  
Name KUBERIET, WAYNE  
Address 3556 FOX HOLOW DRIVE  
City-State-Zip: ORLANDO FL 32839

Title DIRECTOR  
Name ADAMS, JOHN  
Address 2851 SHERIFF WAY  
City-State-Zip: WINTER PARK FL 32792

Title DIRECTOR  
Name LONG, KOLE  
Address 210 5TH AVENUE SOUTH  
UNIT 404  
City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR  
Name APPLETON, CODY  
Address 1691 SUNDOWN DRIVE  
City-State-Zip: DAVENPORT FL 33896

Title INCOMING CHAIR  
Name MUNOZ, WIDALIS  
Address 100 W. LUCERNE CIRCLE,  
SUITE 200  
City-State-Zip: ORLANDO FL 32801

Title TREASURER  
Name BASTIN, RAY  
Address 1417 E CONCORD ST  
City-State-Zip: ORLANDO FL 32803

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: KATHRYN HITE**

**SECRETARY**

**02/01/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SISKA, RICHELLE  
Address 2227 HOWARD DRIVE  
City-State-Zip: WINTER PARK FL 32792

Title DIRECTOR  
Name ROSSITER, ALICIA  
Address 12901 BRUCE B. DOWNS BLVD  
City-State-Zip: TAMPA FL 33612

Title SECRETARY  
Name HITE, KATHRYN  
Address 100 W LUCERNE CIRCLE  
City-State-Zip: ORLANDO FL 32801