2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734502

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

FILED Jan 13, 2017 **Secretary of State** CC8070505928

Current Principal Place of Business:

100 WEST LUCERNE CIRCLE SUITE 100-G ORLANDO, FL 32801

Current Mailing Address:

100 WEST LUCERNE CIRCLE SUITE 100-G ORLANDO, FL 32801 US

FEI Number: 59-1804997 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KUBERIET, WAYNE G. 100 WEST LUCERNE CIRCLE SUITE 100-G 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: WAYNE G. KUBERIET 01/13/2017

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title PAST BOARD CHAIR Title **BOARD CHAIR** Name ANDERSON, MARK Name KUBERIET, WAYNE G. 4251 VIRGINIA DRIVE 3556 FOX HOLOW DRIVE Address Address City-State-Zip: ORLANDO FL 32814 City-State-Zip: ORLANDO FL 32839

DIRECTOR Title DIRECTOR Title Name LONG, KOLE ADAMS, JOHN Name

Address 210 5TH AVENUE SOUTH Address 2851 SHERIFF WAY

UNIT 404

City-State-Zip: WINTER PARK FL 32792 City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR Title

TREASURER Name APPLETON, CODY Name BASTIN, RAY

Address 1691 SUNDOWN DRIVE Address 1417 EAST CONCORD ST

City-State-Zip: DAVENPORT FL 33896 ORLANDO FL 32803 City-State-Zip:

Title DIRECTOR Title **SECRETARY**

Name ROSSITER, ALICIA Name HITE, KATHRYN

12901 BRUCE B. DOWNS BLVD Address Address 200 WEST LUCERNE CIRCLE

City-State-Zip: TAMPA FL 33612 ORLANDO FL 32801 City-State-Zip:

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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: WAYNE G. KUBERIET

BOARD CHAIR

01/13/2017

Officer/Director Detail Continued:

Title DIRECTOR Title PROGRAM COORDINATOR

Name BONHAM, J. CAREY Name BEVANS, SHANNON

Address 4472 CLEARWATER HARBOR DRIVE SOUTH Address 100 WEST LUCERNE CIRCLE

SUITE 100-G

City-State-Zip: LARGO FL 33770

City-State-Zip: ORLANDO FL 32801