2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734502

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

FILED Apr 04, 2018 **Secretary of State** CC8533858714

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: No

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 04/04/2018

> Date Electronic Signature of Registered Agent

> > City-State-Zip:

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

TREASURER Title **DIRECTOR** Title Name BASTIN, RAY LONG, KOLE Name

Address 1417 EAST CONCORD ST 210 5TH AVENUE SOUTH Address ORLANDO FL 32803

UNIT 404

City-State-Zip: ST. PETERSBURG FL 33701

Title PROGRAM COORDINATOR Title **DIRECTOR** Name

BEVANS, SHANNON Name BONHAM, J. CAREY

Address 100 WEST LUCERNE CIRCLE 4472 CLEARWATER HARBOR DRIVE Address

SUITE 100-G SOUTH

ORLANDO FL 32801 City-State-Zip: City-State-Zip: LARGO FL 33770

Title **EXECUTIVE DIRECTOR**

Title ADMINISTRATIVE ASSISTANT Name HERVEY, SHANI-ANGELA Name **VAZQUEZ** , MEGAN

Address 100 WEST LUCERNE CIRCLE Address

7084 GREEN NEEDLE DRIVE SUITE 100-G

ORLANDO FL 32801 City-State-Zip: WINTER PARK FL 32792 City-State-Zip:

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SIGNATURE: WAYNE G. KUBERIET

BOARD CHAIR

04/04/2018

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.

Officer/Director Detail Continued:

Title DIRECTOR

Name CARDONA, DAVID
Address 24638 STATE ROAD 54

City-State-Zip: LUTZ FL 33559