

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734502

FILED
Jan 27, 2015
Secretary of State
CC1846608802

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

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 E ALLEN

01/27/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title IMMEDIATE PAST CHAIR
Name HEMING, CHRIS
Address 776 HARYESTOR AVENUE
City-State-Zip: PALM BAY FL 32908

Title SECRETARY
Name APY, KANDICE
Address 4913 SCENIC VISTA DRIVE
City-State-Zip: ST. CLOUD FL 34771

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

Title TREASURER
Name BRUNER, PATRICIA M
Address 1311 BLAKEMORE COURT
City-State-Zip: TALLAHASSEE FL 32317

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

Title DIRECTOR
Name GORE, DIANNE
Address 1619 S. FORBES ROAD
City-State-Zip: PLANT CITY FL 33566

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

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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: PATRICIA M BRUNER

TREASURER

01/27/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name VALVERDE, GUS JR.
Address 113 N. VIRGINIA AVENUE
City-State-Zip: SANFORD FL 32771

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

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