

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 734502

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

**FILED**  
**Jan 23, 2019**  
**Secretary of State**  
**1719090661CC**

**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:**

HERVEY, SHANI-ANGELA  
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:** SHANI-ANGELA HERVEY

01/23/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title DIRECTOR  
Name BONHAM, J. CAREY  
Address 4472 CLEARWATER HARBOR DRIVE  
SOUTH  
City-State-Zip: LARGO FL 33770

Title PROGRAM COORDINATOR  
Name BEVANS , SHANNON  
Address 100 WEST LUCERNE CIRCLE  
SUITE 100-G  
City-State-Zip: ORLANDO FL 32801

Title EXECUTIVE DIRECTOR  
Name HERVEY, SHANI-ANGELA  
Address 100 WEST LUCERNE CIRCLE  
SUITE 100-G  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name CARDONA , DAVID  
Address 24638 STATE ROAD 54  
City-State-Zip: LUTZ FL 33559

Title ADMINISTRATIVE ASSISTANT  
Name PAYNE , AMBAR  
Address 100 WEST LUCERNE CIRCLE  
SUITE 100-G  
City-State-Zip: ORLANDO FL 32801

*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:** SHANI-ANGELA HERVEY

**EXECUTIVE DIRECTOR**

01/23/2019

Electronic Signature of Signing Officer/Director Detail

Date