2-16-95 B-1296 XC

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 FEB 16 PM 3:13

DOCUMENT # 726901 (2)

1. Corporation Name

THE SPINA BIFIDA ASSOCIATION OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
PO BOX 5720 JACKSONVILLE FL 32247	PO BOX 5720 JACKSONVILLE FL 32247

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/09/1973
3a. Date of Last Report: 02/28/1994
4. FEI Number: 23-7432288 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CONNORS, W. BRUCE, CLU
4247 PT. LAVISTA ROAD WEST
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	S ☒ Change ☐ Addition
NAME	KETCHUM, CAROLINE	1.2 NAME	GOMEZ YOLANDA
STREET ADDRESS	3218 RIVERSIDE AVE.	1.3 STREET ADDRESS	807 NIRA ST.
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JAX. FL. 32244
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	WEBB, WARNER	2.2 NAME	Ms. SUZANNE Connors
STREET ADDRESS	1849 SEMINOLE RD.	2.3 STREET ADDRESS	PO BOX 5270 N/A
CITY-ST-ZIP	JACKSONVILLE, FL 00000	2.4 CITY-ST-ZIP	JAX. FL. 32247
TITLE	V	3.1 TITLE	V ☒ Change ☐ Addition
NAME	RACE, RICK	3.2 NAME	Ms. Wanda Somerillan
STREET ADDRESS	800 DAVIS ST.	3.3 STREET ADDRESS	14518 Gossett St.
CITY-ST-ZIP	NEPTUNE BEACH FL	3.4 CITY-ST-ZIP	JAX. FLA. 32218
TITLE	P	4.1 TITLE	P ☒ Change ☐ Addition
NAME	CUMMINGS, CARLA	4.2 NAME	Ms. Dolores Turner
STREET ADDRESS	601 22ND ST. N.B.	4.3 STREET ADDRESS	807 NIRA ST.
CITY-ST-ZIP	ST. AUGUSTINE FL	4.4 CITY-ST-ZIP	JAX. FL. 32244
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	NELMS, DAVID	5.2 NAME	→ Same
STREET ADDRESS	1724 TTIFFANY PINES CR. E.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BOGGS, JOHN S.	6.2 NAME	→ Same
STREET ADDRESS	1020 BARRS ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 above/below, or on an attachment with an address.

SIGNATURE: Dolores Turner, Dolores Turner 2-13-95 (904) 390-3686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D024401