

2-16-95 B-1296 XC
FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 16 PM 3:13

DOCUMENT # 726901

(2)

1. Corporation Name

THE SPINA BIFIDA ASSOCIATION OF JACKSONVILLE, IN
C.

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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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

10. Name and Address of New Registered Agent

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

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S
NAME KETCHUM, CAROLINE
STREET ADDRESS 3218 RIVERSIDE AVE.
CITY- ST- ZIP JACKSONVILLE FL

1.1 TITLE S
1.2 NAME GOMEZ YOLANDA
1.3 STREET ADDRESS 807 NIRA ST.
1.4 CITY- ST- ZIP JAX. FL. 32244 ☒ Change ☐ Addition

TITLE D
NAME WEBB, WARNER
STREET ADDRESS 1849 SEMINOLE RD.
CITY- ST- ZIP JACKSONVILLE, FL 00000

2.1 TITLE D
2.2 NAME Ms. SUZANNE Connors
2.3 STREET ADDRESS PO BOX 5270 N/A
2.4 CITY- ST- ZIP JAX. FL. 32247 ☒ Change ☐ Addition

TITLE V
NAME RACE, RICK
STREET ADDRESS 800 DAVIS ST.
CITY- ST- ZIP NEPTUNE BEACH FL

3.1 TITLE V
3.2 NAME Ms. Wanda Someillan
3.3 STREET ADDRESS 14518 Gosssett St.
3.4 CITY- ST- ZIP JAX. FLA. 32218 ☒ Change ☐ Addition

TITLE P
NAME CUMMINGS, CARLA
STREET ADDRESS 601 22ND ST. N.B.
CITY- ST- ZIP ST. AUGUSTINE FL

4.1 TITLE P
4.2 NAME Ms. DOLORES turner
4.3 STREET ADDRESS 807 NIRA ST.
4.4 CITY- ST- ZIP JAX. FL. 32244 ☒ Change ☐ Addition

TITLE T
NAME NELMS, DAVID
STREET ADDRESS 1724 TIFFANY PINES CR. E.
CITY- ST- ZIP JACKSONVILLE FL

5.1 TITLE
5.2 NAME
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TITLE D
NAME BOGGS, JOHN S.
STREET ADDRESS 1020 BARRS ST
CITY- ST- ZIP JACKSONVILLE FL

6.1 TITLE
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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)(k), 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 if applicable, 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