

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **726901** (2)  
1. Corporation Name  
**THE SPINA BIFIDA ASSOCIATION OF JACKSONVILLE, INC.**



Principal Place of Business <b>PO BOX 5720 JACKSONVILLE FL 32247</b>	Mailing Address <b>PO BOX 5720 JACKSONVILLE FL 32247</b>
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2. Principal Place of Business 21 <b>807 Nira Street</b> Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>07/09/1973</b>	3a. Date of Last Report <b>02/16/1995</b>
22 City & State 23 <b>Jacksonville, FL 32207</b>		27 City & State		4. FEI Number <b>23-7432288</b>	Applied For <input type="checkbox"/> Not Applicable
24 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
29		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent <b>CONNORS, W. BRUCE, CLU 4247 PT. LAVISTA ROAD WEST JACKSONVILLE FL 32207</b>				10. Name and Address of New Registered Agent	

81 Name <b>Dennis Blackburn, Esq.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>225 W. Water Street Suite 18</b>
83
84 City <b>Jacksonville, FL</b>
85 Zip Code <b>32202</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Dennis Blackburn* **DENNIS L. BLACKBURN** DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GOMEZ, YOLANDA 807 NIRA ST. JACKSONVILLE FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>S Ruiz, Yolanda M. 807 Nira Street Jacksonville, FL 32247</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CONNORS, SUZANNE PO BOX 5270 N/A JACKSONVILLE, FL 00000</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>D Connors, Suzanne 4247 Point LaVista Rd W Jacksonville, FL 32207</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SOME ILLAN, WANDA 14518 GOSSET ST JACKSONVILLE FL</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>V.P. 1st Someillan, Wanda 14518 Gossett Street Jacksonville, FL 32218</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P TURNER, DOLORES 807 NIRA ST. JACKSONVILLE FL</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>P Turner, Delores 7901 Baymeadows Circle E. #339 Jacksonville, FL 32257</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T NELMS, DAVID 1724 TIFFANY PINES CR. E. JACKSONVILLE FL</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>D Dennis Blackburn, Esq 225 W. Water Street Suite 18 Jacksonville, FL 32202</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BOGGS, JOHN S. 1820 BARRS ST JACKSONVILLE FL</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>V.P. 2nd Renee Crossley 433 La Paz Place Orange Park, FL 32073</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address.

SIGNATURE: *Yolanda M. Ruiz* **Yolanda M. Ruiz** Date **1/30/96** Daytime Phone # **904-3903686**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)