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Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726901 (2)

1. Corporation Name

THE SPINA BIFIDA ASSOCIATION OF JACKSONVILLE, IN
C.

Principal Place of Business

Mailing Address

807 NIRA ST
JACKSONVILLE FL 32207PO BOX 5720
JACKSONVILLE FL 32247-57203. Date Incorporated or Qualified
07/09/19733a. Date of Last Report
03/18/19964. FEI Number
23-7432288Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLACKBURN, DENNIS ESQ
225 W. WATER ST., STE-18
JACKSONVILLE FL 32202

STE 1800

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

Suite 1800

83

84 City

FL

85 Zip Code

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

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	<input checked="" type="checkbox"/> DELETE
NAME	RUIZ, YOLANDA M	
STREET ADDRESS	807 NIRA ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32247	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CONNORS, SUZANNE	
STREET ADDRESS	4247 POINT LAVISTA RD W.	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	SOME	<input checked="" type="checkbox"/> DELETE
NAME	ILLAN, WANDA	
STREET ADDRESS	14518 GOSSET ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	TURNER, DOLORES	
STREET ADDRESS	807 NIRA ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	NELMS, DAVID	
STREET ADDRESS	1724 TIFFANY PINES CR. E.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLACKBURN, DENNIS ESQ	
STREET ADDRESS	225 W. WATER ST., STE-18	
CITY-ST-ZIP	JACKSONVILLE FL 32202	

11 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Someillan, Wanda	
13 STREET ADDRESS	14518 Gossett Street	
14 CITY-ST-ZIP	Jacksonville, FL 32218	
21 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Moreland, Henry	
23 STREET ADDRESS	2360 Lakeshore Drive	
24 CITY-ST-ZIP	Jacksonville, FL 32210	
31 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Burgess, Sherman	
33 STREET ADDRESS	One Independent Drive, Ste. 2801	
34 CITY-ST-ZIP	Jacksonville, FL 32202-5034	
41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Connors, Suzanne	
43 STREET ADDRESS	4247 Point La Vista Road W.	
44 CITY-ST-ZIP	Jacksonville, FL 32207-6247	
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Dolan, James	
53 STREET ADDRESS	4802 Deerlake Drive East	
54 CITY-ST-ZIP	Jacksonville, FL 32246-6484	
61 TITLE	D/VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Blackburn, Dennis, Esq.	
63 STREET ADDRESS	225 W. Water St. Ste. 18	
64 CITY-ST-ZIP	Jacksonville, FL 32202	

14. I do hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

SIGNATURE

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #00000000

CR2E037 (9/96)