

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # 726901 (2)**  
1. Corporation Name  
**THE SPINA BIFIDA ASSOCIATION OF JACKSONVILLE, IN C.**

|   |   |
|---|---|
| Principal Place of Business<br><b>807 MIRA ST<br/>JACKSONVILLE FL 32207</b> | Mailing Address<br><b>PO BOX 5720<br/>JACKSONVILLE FL 32247</b> |
|---|---|

|  |                               |
|--|-------------------------------|
| 3. Date Incorporated or Qualified<br><b>07/09/1973</b> | Applied For<br>Not Applicable |
| 4. FEI Number<br><b>23-7432288</b>                     |                               |

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

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b> |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>    |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                       |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>exempt</i> |                                       |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLACKBURN, DENNIS ESO  
225 W WATER ST STE 1800  
JACKSONVILLE FL 32202**

|   |
|---|
| 81 Name<br><b>n/a</b>                                 |
| 82 Street Address (P.O. Box Number Is Not Acceptable) |
| 83  |
| 84 City<br><b>FL</b>                                  |
| 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 **n/a**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                       |                                 |
|----------------------------|---------------------------------------|---------------------------------|
| TITLE                      | <b>PD</b>                             | <input type="checkbox"/> DELETE |
| NAME                       | <b>SOMEILLAN, WANDA</b>               |                                 |
| STREET ADDRESS             | <b>14518 GOSSETT ST</b>               |                                 |
| CITY-ST-ZIP                | <b>JACKSONVILLE FL</b>                |                                 |
| TITLE                      | <b>CD</b>                             | <input type="checkbox"/> DELETE |
| NAME                       | <b>MORELAND, HENRY</b>                |                                 |
| STREET ADDRESS             | <b>2380 LAKESHORE DRIVE</b>           |                                 |
| CITY-ST-ZIP                | <b>JACKSONVILLE FL</b>                |                                 |
| TITLE                      | <b>D</b>                              | <input type="checkbox"/> DELETE |
| NAME                       | <b>BURGESS, SHERMON</b>               |                                 |
| STREET ADDRESS             | <b>ONE INDEPENDENT DRIVE STE 2801</b> |                                 |
| CITY-ST-ZIP                | <b>JACKSONVILLE FL</b>                |                                 |
| TITLE                      | <b>D</b>                              | <input type="checkbox"/> DELETE |
| NAME                       | <b>CONNORS, SUZANNE</b>               |                                 |
| STREET ADDRESS             | <b>4247 POINT LA VISTA ROAD W</b>     |                                 |
| CITY-ST-ZIP                | <b>JACKSONVILLE FL</b>                |                                 |
| TITLE                      | <b>D</b>                              | <input type="checkbox"/> DELETE |
| NAME                       | <b>DOLAN, JAMES</b>                   |                                 |
| STREET ADDRESS             | <b>4802 DEERLAKE DRIVE EAST</b>       |                                 |
| CITY-ST-ZIP                | <b>JACKSONVILLE FL</b>                |                                 |
| TITLE                      | <b>DVP</b>                            | <input type="checkbox"/> DELETE |
| NAME                       | <b>BLACKBURN, DENNIS ESO</b>          |                                 |
| STREET ADDRESS             | <b>225 W. WATER ST., STE-18</b>       |                                 |
| CITY-ST-ZIP                | <b>JACKSONVILLE FL</b>                |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |             |  |
|---|-------------|--|
| 1.1 TITLE   |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME  |             |  |
| 1.3 STREET ADDRESS                                    |             |  |
| 1.4 CITY-ST-ZIP                                       |             |  |
| 2.1 TITLE   |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME  |             |  |
| 2.3 STREET ADDRESS                                    |             |  |
| 2.4 CITY-ST-ZIP                                       |             |  |
| 3.1 TITLE   |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME  |             |  |
| 3.3 STREET ADDRESS                                    |             |  |
| 3.4 CITY-ST-ZIP                                       |             |  |
| 4.1 TITLE   |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME  |             |  |
| 4.3 STREET ADDRESS                                    |             |  |
| 4.4 CITY-ST-ZIP                                       |             |  |
| 5.1 TITLE   |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME  |             |  |
| 5.3 STREET ADDRESS                                    |             |  |
| 5.4 CITY-ST-ZIP                                       |             |  |
| 6.1 TITLE   | <b>D/VC</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME  |             |  |
| 6.3 STREET ADDRESS                                    |             |  |
| 6.4 CITY-ST-ZIP                                       |             |  |

14. I 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: **Wanda Someillan**

904-757-0200

CR2E037 (1097)