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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726901

1. Corporation Name

THE SPINA BIFIDA ASSOCIATION OF JACKSONVILLE, INC.

Principal Place of Business

807 NIRA ST
JACKSONVILLE FL 32207

Mailing Address

PO BOX 5720
JACKSONVILLE FL 32247



2. Principal Place of Business

21 **Nemours Children's**
Suite, Apt. #, etc. **Hospital**

2a. Mailing Address

26 **807 Nira Street**
Suite, Apt. #, etc. **PO BOX 5720**

3. Date Incorporated or Qualified

07/09/1973

4. FEI Number

23-7432288

Applied For

Not Applicable

22 City & State

Jacksonville, FL

27 City & State

Jacksonville, FL

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23 Zip Country

32247 Duval

28 Zip Country

32247 Duval

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **Stephanie King, Executive**
82 Street Address (P.O. Box Number is Not Acceptable) **Director**
807 Nira St / PO Box 5720
83 **Nemours Children's Clinic**
84 City **Jacksonville** FL 85 Zip Code **32247**

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 **Stephanie J. King** 3-1-99
Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SOMEILLAN, WANDA	
STREET ADDRESS	14518 GOSSETT ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	MORELAND, HENRY	
STREET ADDRESS	2360 LAKESHORE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURGESS, SHERMON	
STREET ADDRESS	ONE INDEPENDENT DRIVE STE 2801	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONNORS, SUZANNE	
STREET ADDRESS	4247 POINT LA VISTA ROAD W	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOLAN, JAMES	
STREET ADDRESS	4802 DEERLAKE DRIVE EAST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DVC	<input checked="" type="checkbox"/> DELETE
NAME	BLACKBURN, DENNIS ESQ	
STREET ADDRESS	225 W. WATER ST., STE-18	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Executive Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Stephanie King	
1.3 STREET ADDRESS	807 Nira Street / PO Box 5720	
1.4 CITY-ST-ZIP	Jacksonville, FL 32247	
2.1 TITLE	Chairman of the Board	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Lewis - Livingston	
2.3 STREET ADDRESS	5201 Atlantic Boulevard #228	
2.4 CITY-ST-ZIP	Jacksonville, FL 32207	
3.1 TITLE	Board of Director, Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mike Ivan, Esq.	
3.3 STREET ADDRESS	6620 South point Dr S, St. 200	
3.4 CITY-ST-ZIP	Jacksonville, FL 32216	
4.1 TITLE	Chairman of Board	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Henry Moreland	
4.3 STREET ADDRESS	Just Director on Board	
4.4 CITY-ST-ZIP	Same	
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		<input 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** 3-1-99 (904) 390-3686
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)