

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 726901

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: THE SPINA BIFIDA ASSOCIATION OF JACKSONVILLE, INC.

Current Principal Place of Business:

NEMOURS CHILDRENS HOSIPTAL
JACKSONVILLE, FL 32247

New Principal Place of Business:

NEMOURS CHILDRENS CLINIC
JACKSONVILLE, FL 32207

Current Mailing Address:

807 NIRA ST
PO BOX 5720
JACKSONVILLE, FL 32247

New Mailing Address:

807 CHILDREN'S WAY
JACKSONVILLE, FL 32207

FEI Number: 23-7432288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KING, STEPHANIE
807 NIRA ST PO BOX 5720
JACKSONVILLE, FL 32247

Name and Address of New Registered Agent:

DULAC, STEPHANIE K
807 CHILDREN'S WAY
JACKSONVILLE, FL 32207

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: STEPHANIE K DULAC

04/30/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KING, STEPHANIE
Address: 807 NIRA ST PO BOX 5720
City-St-Zip: JACKSONVILLE, FL 32247

Title: C () Delete
Name: LEWIS, LIVINGSTON
Address: PO BOX 1949
City-St-Zip: JACKSONVILLE, FL 32231

Title: D () Delete
Name: IVAN, MIKE
Address: 1 INDEPENDENT DR STE 2600
City-St-Zip: JACKSONVILLE, FL 32202

Title: C () Delete
Name: CONNORS, SUZANNE
Address: 4247 POINT LA VISTA ROAD W
City-St-Zip: JACKSONVILLE, FL 322076247

Title: D () Delete
Name: DOLAN, JAMES
Address: 4802 DEERLAKE DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 322466484

Title: D () Delete
Name: COKER, FRAN
Address: 4931 RIVER POINT ROAD
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: DULAC, STEPHANIE K
Address: 807 CHILDREN'S WAY
City-St-Zip: JACKSONVILLE, FL 32207

Title: D (X) Change () Addition
Name: LEWIS, LIVINGSTON
Address: PO BOX 1949
City-St-Zip: JACKSONVILLE, FL 32231

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CATTO, SUZANNE
Address: 4941 RIVER POINT ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D (X) Change () Addition
Name: DOLAN, JAMES
Address: 3556 SILVERY LANE
City-St-Zip: JACKSONVILLE, FL 32217

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHANIE K DULAC

D

04/30/2002

Electronic Signature of Signing Officer or Director

Date