

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90018 019 ****61.25

DOCUMENT # 726901

1. Entity Name

THE SPINA BIFIDA ASSOCIATION OF JACKSONVILLE,
INC.



Principal Place of Business

NEMOURS CHILDRENS CLINIC
JACKSONVILLE FL 32207

Mailing Address

807 CHILDREN'S WAY
JACKSONVILLE FL 32207

44013106



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7432288

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	O DULAC, STEPHANIE K 807 CHILDREN'S WAY JACKSONVILLE FL 32207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IVAN, MIKE 1 INDEPENDENT DR STE 2600 JACKSONVILLE FL 32202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATTO, SUZANNE 4941 RIVER POINT ROAD JACKSONVILLE FL 32207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLAN, JAMES 3556 SILVERY LANE JACKSONVILLE FL 32217	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COKER, FRAN 4931 RIVER POINT ROAD JACKSONVILLE FL 32207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman of BOD Dr. Michael Bernard, M.D. 807 Children's Way Jacksonville, FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stephanie K. Dulac Stephanie K. Dulac Mar. 8, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #