

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726901

FILED  
Jan 10, 2005  
Secretary of State

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

**Current Principal Place of Business:**

NEMOURS CHILDRENS CLINIC  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

807 CHILDREN'S WAY  
JACKSONVILLE, FL 32207

**New Mailing Address:**

**FEI Number:** 23-7432288

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

KING, STEPHANIE J  
807 CHILDREN'S WAY  
JACKSONVILLE, FL 32207 US

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 KING

01/10/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: COB ( ) Delete  
Name: ERNARD, DR. MICHAEL M.D.  
Address: 807 CHILDREN'S WAY  
City-St-Zip: JACKSONVILLE, FL 32207

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

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

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: KING, STEPHANIE J  
Address: 807 CHILDREN'S WAY  
City-St-Zip: JACKSONVILLE, FL 32207

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

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

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

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 KING

DIR

01/10/2005

Electronic Signature of Signing Officer or Director

Date