2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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	Secretary of St 04-24-2006 90383 030 ****6

DOCUMENT # 726901 1. Entity Name THE SPINA BIFIDA ASSOCIATION OF JACKSONVILLE, INC.					04-24-2006 90383 030 ****61.25				
Principal Place NEMOURS CH JACKSONVILL	HILDRENS CLINIC	Mailing Address 807 CHILDREN'S WAY JACKSONVILLE, FL 32207	7			5001	16245		
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	lace of Business S Children's Clinic #, etc.	3. Mailing Address 807 Children Suite, Apt. #, etc.	s wa				7 (11/05)	ii 11 91 (19)	
City & State	8	City & State	, <u> </u>	4. FEI Numl	ber			plied For	
	onville FL	Jacksonville	<u> </u>	, 23-74	32288		· · · · · · · · · · · · · · · · · · ·	t Applicable	
3320	1 LASA	32207	Country	5. Certificat	e of Status Desire		8.75 Add ee Required		
	6. Name and Address of Current	Registered Agent		7. Name an	d Address of Ne	w Registered A	gent		
KING, STE	PHANIE J		Name						
	OREN'S WAY VILLE, FL 32207		Street Ad	ddress (P.O. Box Num	ber is Not Accept	able)			
			City			FL	Zip Code	В	
	named entity submits this statement folions of registered agent.	r the purpose of changing its re	gistered office or	registered agent, or b	oth, in the State o	f Florida. I am fa	amiliar with,	and accept	
0.00.47.105									
SIGNATURE :			 						
SIGNATURE.	Signature, typed or printed name of registered agent	end title if applicable. (NOTE: R	egistered Agent signatu	ure required when reinstating)		DATE			
SIGNATURE	Signature, typed or printed name of registered agent. Filling Fee is \$61.25 Due by May 1, 2006	9. Election Camp: Trust Fund Cor	aign Financing	\$5.00 May Added to Fee		Make check Florida Depart			
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIE	Election Campo Trust Fund Cor TECTORS	aign Financing ntribution.	S5.00 May Added to Fee		Make check Florida Depart	ment of SI	tate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 attacking the trustee empowered.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR