


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90383 030 \*\*\*\*61.25

<b>DOCUMENT # 726901</b> 1. Entity Name <b>THE SPINA BIFIDA ASSOCIATION OF JACKSONVILLE, INC.</b>																																									
Principal Place of Business <b>NEMOURS CHILDRENS CLINIC JACKSONVILLE, FL 32207</b>			Mailing Address <b>807 CHILDREN'S WAY JACKSONVILLE, FL 32207</b>																																						
2. Principal Place of Business <b>Nemours Children's Clinic</b> Suite, Apt. #, etc.			3. Mailing Address <b>807 Children's way</b> Suite, Apt. #, etc.																																						
City & State <b>Jacksonville FL</b>		City & State <b>Jacksonville FL</b>		4. FEI Number <b>23-7432288</b>																																					
Zip <b>32207</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																					
6. Name and Address of Current Registered Agent  <b>KING, STEPHANIE J 807 CHILDREN'S WAY JACKSONVILLE, FL 32207</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																									
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																					
<b>Make check payable to Florida Department of State</b>																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">O KING, STEPHANIE J 807 CHILDREN'S WAY JACKSONVILLE, FL 32207</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>COB ERNARD, DR. MICHAEL M.D. 807 CHILDREN'S WAY JACKSONVILLE, FL 32207</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>D CATTO, SUZANNE 4941 RIVER POINT ROAD JACKSONVILLE, FL 32207</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>D DOLAN, JAMES 3556 SILVERY LANE JACKSONVILLE, FL 32217</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>D COKER, FRAN 4931 RIVER POINT ROAD JACKSONVILLE, FL 32207</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">O Myers, Megan 807 Children's way Jacksonville FL 32207</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>COB Erhard, Dr. Michael M.D. 807 Childrens way Jacksonville FL 32207</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>S Pialorsi, John 3723 Buckskin trail West Jacksonville FL 32277</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>T Quintana, Margaret 6224 Hooftprint Dr Jacksonville FL 32257</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>D Phillips, John 76 S. Laura St Suite 1701 Jacksonville FL 32202</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>D George Carter 8342 Brookmont Ave S Jacksonville FL 32211</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> </table> </div> </div>						TITLE	O KING, STEPHANIE J 807 CHILDREN'S WAY JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete	TITLE	COB ERNARD, DR. MICHAEL M.D. 807 CHILDREN'S WAY JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete	TITLE	D CATTO, SUZANNE 4941 RIVER POINT ROAD JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete	TITLE	D DOLAN, JAMES 3556 SILVERY LANE JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete	TITLE	D COKER, FRAN 4931 RIVER POINT ROAD JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete	TITLE	O Myers, Megan 807 Children's way Jacksonville FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE	COB Erhard, Dr. Michael M.D. 807 Childrens way Jacksonville FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	S Pialorsi, John 3723 Buckskin trail West Jacksonville FL 32277	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE	T Quintana, Margaret 6224 Hooftprint Dr Jacksonville FL 32257	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE	D Phillips, John 76 S. Laura St Suite 1701 Jacksonville FL 32202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE	D George Carter 8342 Brookmont Ave S Jacksonville FL 32211	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 attachment with an address, with all other like empowered.																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE:</b> <i>Stephanie King</i>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 20%;"> <b>4/19/06</b>  <small>Date</small> </div> <div style="width: 30%;"> <b>904-858-3194</b>  <small>Daytime Phone #</small> </div> </div>																																									

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