

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726901

FILED
Jul 06, 2007
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:

NEMOURS CHILDRENS CLINIC
807 CHILDREN'S WAY
JACKSONVILLE, FL 32207

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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

QUINONES, MARIA
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: MARIA QUINONES

07/06/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: O (X) Delete
Name: MYERS, MEGAN
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: S () Delete
Name: PIALORSI, JOHN
Address: 3723 BUCKSKIN TRAIL W
City-St-Zip: JACKSONVILLE, FL 32277

Title: COB () Delete
Name: ERHARD, DR, MICHAEL MD
Address: 807 CHILDREN'S WAY
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: QUINONES, MARIA
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: COB (X) Change () Addition
Name: ERHARD, MICHAEL MD
Address: 807 CHILDREN'S WAY
City-St-Zip: JACKSONVILLE, FL 32207

Title: VCOB (X) Change () Addition
Name: JOHN, PHILLIPS
Address: 807 CHILDREN'S WAY
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARIA QUINONES

O

07/06/2007

Electronic Signature of Signing Officer or Director

Date