

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726901

FILED
Jan 03, 2011
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

807 CHILDREN'S WAY
JACKSONVILLE, FL 32207

New Mailing Address:

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

FEI Number: 23-7432288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

QUINONES, MARIA
807 CHILDREN'S WAY
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: O
Name: QUINONES, MARIA
Address: 807 CHILDREN'S WAY
City-St-Zip: JACKSONVILLE, FL 32207

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

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

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

Title: VCOB
Name: JULIO, VALDIVIA
Address: 807 CHILDREN'S WAY
City-St-Zip: JACKSONVILLE, FL 32207

I hereby 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 all other like empowered.

SIGNATURE: MARIA QUINONES

ED

01/03/2011

Electronic Signature of Signing Officer or Director

Date