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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 3:38

DOCUMENT # 733691 (0)

1. Corporation Name
SPINA BIFIDA ASSOCIATION OF TAMPA, INC.

Principal Place of Business	Mailing Address
2101 KYRA DRIVE P.O. BOX 151038 TPA. FL 33684 TAMPA FL 33612	2101 KYRA DRIVE P.O. BOX 151038 TPA. FL 33684 TAMPA FL 33612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/28/1975
3a. Date of Last Report: 01/27/1994
4. FEI Number: 59-0187750 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BURKE, KENNETH E.
7006 FERN COURT
TAMPA FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	BERKE, KENNETH E.	1.2 NAME	
STREET ADDRESS	7006 FERN CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	GARCIA, ELVIRA T.	2.2 NAME	
STREET ADDRESS	805 MENDENHALL DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	RS	3.1 TITLE	☐ Change ☐ Addition
NAME	BEHRENS, BARBARA	3.2 NAME	
STREET ADDRESS	9348 90TH TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	CICCARELLO, SARA	4.2 NAME	
STREET ADDRESS	1420 E. MOHAWK	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	WEBER, JUNE	5.2 NAME	
STREET ADDRESS	1870 ALBRIGHT DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BUSTAMANTE, JOSE	6.2 NAME	
STREET ADDRESS	6317 PADDLEWHEEL	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elvira T. Garcia Elvira T. Garcia 1-20-95 (813) 872-9845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Treasurer

0084174