

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

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P.O. BOX 151038 TPA. FL 33684  
TAMPA FL 33612

3. Date Incorporated or Qualified

08/28/1975

3a. Date of Last Report

01/26/1995

4. FEI Number

59-0187750

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURKE, KENNETH E.  
7006 FERN COURT  
TAMPA FL

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

P  
NAME  
BERKE, KENNETH E.  
STREET ADDRESS  
7006 FERN CT.  
CITY-ST-ZIP  
TAMPA FL

TITLE ☐ DELETE

T  
NAME  
GARCIA, ELVIRA T.  
STREET ADDRESS  
805 MENDENHALL DR  
CITY-ST-ZIP  
TAMPA FL

TITLE ☐ DELETE

RS  
NAME  
BEHRENS, BARBARA  
STREET ADDRESS  
9348 90TH TERR  
CITY-ST-ZIP  
SEMINOLE FL

TITLE ☐ DELETE

D  
NAME  
CICCARELLO, SARA  
STREET ADDRESS  
1420 E. MOHAWK  
CITY-ST-ZIP  
TAMPA FL

TITLE ☐ DELETE

D  
NAME  
WEBER, JUNE  
STREET ADDRESS  
1870 ALBRIGHT DR  
CITY-ST-ZIP  
CLEARWATER FL

TITLE ☐ DELETE

D  
NAME  
BUSTAMANTE, JOSE  
STREET ADDRESS  
8317 PADDLEWHEEL  
CITY-ST-ZIP  
TAMPA FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

T  
Garcia, Elvira T.  
4805 Mendenhall Dr.  
Tampa, FL 33603

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)(k), 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

1-23-96 (813)872-9845

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)