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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	2101 KYRA DRIVE P.O. BOX 151038 TPA. FL 33684 TAMPA FL 33612-5053

3. Date Incorporated or Qualified: 08/28/1975
3a. Date of Last Report: 01/31/1996

2. Principal Place of Business
21: 7006 Fern Ct.
22: Suite, Apt. #, etc.
23: City & State: Tampa, FL
24: Zip: 33634
25: Country: USA

2a. Mailing Address
26: P.O. Box 151038
27: Suite, Apt. #, etc.
28: City & State: Tampa, FL
29: Zip: 33684
30: Country: USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☒ Change ☒ Addition
NAME	BERKE, KENNETH E.		1.2 NAME	Kenneth E. Burke	
STREET ADDRESS	7006 FERN CT.		1.3 STREET ADDRESS	7006 Fern Ct.	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Tampa, FL 33634	
TITLE	T	☒ DELETE	2.1 TITLE	T	☒ Change ☒ Addition
NAME	GARCIA, ELVIRA T.		2.2 NAME	Elvira T. Garcia	
STREET ADDRESS	4805 MENDENHALL DRIVE		2.3 STREET ADDRESS	4805 Mendenhall Dr.	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Tampa, FL 33603	
TITLE	RS	☒ DELETE	3.1 TITLE	RS	☒ Change ☒ Addition
NAME	BEHRENS, BARBARA		3.2 NAME	Barbara Behrens	
STREET ADDRESS	9348 90TH TERR		3.3 STREET ADDRESS	9348 90th Terr.	
CITY-ST-ZIP	SEMINOLE FL		3.4 CITY-ST-ZIP	Seminole, FL 34647	
TITLE	D	☒ DELETE	4.1 TITLE	D	☒ Change ☒ Addition
NAME	CICCARELLO, SARA		4.2 NAME	Ciccarello, Sara	
STREET ADDRESS	1420 E. MOHAWK		4.3 STREET ADDRESS	1420 E. Mohawk	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	Tampa, FL 33604	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	WEBER, JUNE		5.2 NAME	Weber, June	
STREET ADDRESS	1870 ALBRIGHT DR		5.3 STREET ADDRESS	1870 Albright Dr.	
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP	Clearwater, FL 33575	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	BUSTAMANTE, JOSE		6.2 NAME	Bustamente, Jose	
STREET ADDRESS	8317 PADDLEWHEEL		6.3 STREET ADDRESS	8317 Paddlewheel	
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP	Tampa, FL 33637	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: [illegible] Treasurer Elvira T. Garcia 3-13-97