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Feb 27, 1999 8:00 am
Secretary of State

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2001 (09)

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 733691					
1. Corporation Name SPINA BIFIDA ASSOCIATION OF TAMPA, INC.					
Principal Place of Business 7006 FERN CT TAMPA FL 33634 US			Mailing Address PO BOX 151038 TAMPA FL 33684 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/28/1975	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-0187750	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		29 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 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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE		P		1.1 TITLE	
NAME		BURKE, 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	
NAME		GARCIA, ELVIRA T.		2.2 NAME	
STREET ADDRESS		4805 MENDENHALL DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP		TAMPA FL		2.4 CITY-ST-ZIP	
TITLE		RS		3.1 TITLE	
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	
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	
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	
NAME		BUSTAMANTE, JOSE		6.2 NAME	
STREET ADDRESS		8317 PADDLEWHEEL		6.3 STREET ADDRESS	
CITY-ST-ZIP		TAMPA FL		6.4 CITY-ST-ZIP	
P		Steve Lawhorne		Change Addition	
P.O. Box 1026		Zephyr hills, FL 33539		Change Addition	
P		Burke, Sandra G		Change Addition	
7006 Fern Ct.		Tampa, FL 33634		Change Addition	
P		Peter Ciccarello		Change Addition	
1420 E. Mohawk		Tampa, FL 33604		Change Addition	
P		Diane Gore		Change Addition	
1609 S. Forbes Rd.		Plant City, FL 33567		Change Addition	

14. I 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, with all other like empowered.

SIGNATURE:  1-27-99 (813) 886-6498

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)