1. Entity Name

SPINA BIFIDA ASSOCIATION OF TAMPA, 本庭, 日本

Mailing Address

Principal Place of Business

2000-FERN-CT

PO BOX 151038 TAMPA FL 33684

2.	Principa	I Place	of Busi	ness
	11 .	$\alpha$	~ ~	•

Si Forbes Rd

3. Mailing Address Suite, Apt. #, etc.

& State lan

City & State

Country

4. FEI Number

59-0187750

7. Name and Address of New Registered Agent

\$8.75 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

USA:

LAWHORNE, **\S** FL 33540 Name Dianne

Por Des

5. Certificate of Status Desired

8. 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

(NOTE: Registered Agent signature required when reinstating)

FILED

Apr 04, 2001 8:00 am Secretary of State

04-04-2001 90122 016 \*\*\*\*61.25

DO NOT WRITE IN THIS SPACE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

Make Check Payable to Department of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS corres. sect. TITI F ☐ Change Addition TITE F Delete Laurie Schwartz LAWHÖRNE, STEVE NAME NAME 6331 Nikki Lane STREET ADDRESS STREET ADDRESS 5601 N 19TH ST CITY-ST-70 CITY-ST-7IP ZEPHYRHILLS FL 33540 Tampa, FL 33625 TITLE TITLE Change Addition Detete DECARLO, PENNY NAME NAME STREET ADDRESS STREET ADDRESS 2873 CINNAMON BEAR TR CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL-34684 TITLE Delete TITLE Change ☐ Addition NAME BEHRENS, BARBARA NAME STREET ADDRESS STREET ADDRESS 9348 90TH TERR CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KAISER, RUTH NAME STREET ADDRESS 7401 DORMANY LOOP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33565 TITLE ☐ Delete Change ☐ Addition CICCARELLO, PETER NAME NAME STREET ADDRESS 1420 E. MOHAWK STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TAMPA FL 33604 # President TITLE Delete TITLE ☐ Change ☐ Addition GORE, DIANE NAME NAME hom STREET ADDRESS 1609 S. FORBES RD. STREET ADDRESS ·CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33567

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered