2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733691

FILED Jun 21, 2007 Secretary of State

Entity Name: SPINA BIFIDA ASSOCIATION OF TAMPA BAY, INC.

Current Principal Place of Business: New Principal Place of Business: 1609 S. FORBES RD 1619 S. FORBES RD PLANT CITY, FL 33567 US PLANT CITY, FL 33566 US **Current Mailing Address: New Mailing Address:** PO BOX 151038 PO BOX 290527 TAMPA, FL 33684 US TAMPA, FL 33687-052 US FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GORE, DIANNE GORE, DIANNE 1609 S. FORBES RD. 1619 S. FORBES RD PLANT CITY, FL 33567 US PLANT CITY, FL 33566 US 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: DIANNE GORE 06/21/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BEHRENS, CHRIS Name: Name: 4520 76TH AVE. N APT. 5 Address: Address: City-St-Zip: PINELLAS PARK, FL 33781 City-St-Zip: Title: () Delete Title: () Change () Addition BUSTAMANTE, ANA Name: Name: Address: 110084 RIDGEDALE ROAD Address: City-St-Zip: TAMPA, FL 33617 City-St-Zip: Title: RSD () Delete Title: () Change () Addition BEHRENS, BARBARA, Name: Name: 9348 90TH TERR Address: Address: City-St-Zip: SEMINOLE, FL 33777 City-St-Zip: Title: () Delete Title: () Change () Addition CICCARELLO, PETER Name: Name: Address: 1420 E. MOHAWK Address: City-St-Zip: TAMPA, FL 33604 City-St-Zip: Title: () Delete Title: PD (X) Change () Addition GORE, DIANE GORE, DIANNE Name: Name: 1609 S. FORBES RD. 1619 S. FORBES RD. Address: Address: City-St-Zip: PLANT CITY, FL 33567 City-St-Zip: PLANT CITY, FL 33566

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANNE GORE PRES 06/21/2007