

# 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 # 745996 (9)**  
1. Corporation Name  
**SPINA BIFIDA ASSOCIATION OF POLK COUNTY, INC.**



Principal Place of Business  
**6754 WINTERSET GARDENS RD  
P. O. BOX 1282  
WINTER HAVEN FL 33882  
US**

Mailing Address  
**6754 WINTERSET GARDENS RD  
P. O. BOX 1282  
WINTER HAVEN FL 33882  
US**

3. Date Incorporated or Qualified  
**02/19/1979**

3a. Date of Last Report  
**03/16/1995**

4. FEI Number  
**59-1896155**

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

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26**

Suite, Apt. #, etc.  
**22**

Suite, Apt. #, etc.  
**27**

City & State  
**23**

City & State  
**28**

Zip  
**24**

Country  
**25**

Zip  
**29**

Country  
**30**

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

**BRADFORD, REED  
6754 WINTERSET GARDEN ROAD  
WINTER HAVEN FL 33884**

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 617.0509, Florida Statutes.

SIGNATURE

*J. Reed Bradford*  
Signature, typed or printed name of registered agent and title in application

(NOTE: Registered Agent signature required when reappointing)

**5-3-96**  
DATE

## 12. OFFICERS AND DIRECTORS

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRADFORD, DAVID	
STREET ADDRESS	1301 TENTH ST NE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KLEIN, PHIL	
STREET ADDRESS	1756 N CARMEL RD	
CITY-ST-ZIP	AVON PARK FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BRADFORD, REED	
STREET ADDRESS	6754 WINTERSET GARDEN RD	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MOZO, CAROLYN	
STREET ADDRESS	275 CHERRY LAUREL LN	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KLEIN, PHIL	
1.3 STREET ADDRESS	1756 N. CARMEL Rd.	
1.4 CITY-ST-ZIP	AVON PARK, FL	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BRADFORD, DAVID	
2.3 STREET ADDRESS	1301 TENTH ST. NE.	
2.4 CITY-ST-ZIP	WINTER HAVEN, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-3-96**

Date

**941-324-0722**

Daytime Phone #

CR2E037 (12/95)