

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33882-1282 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/19/1979	3a. Date of Last Report 05/01/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1896155	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BRADFORD, REED 6754 WINTERSET GARDEN ROAD WINTER HAVEN FL 33884		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 6754 Winterset Gardens Road 83 84 City FL 85 Zip Code	
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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 VD	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BRADFORD, DAVID		1.2 NAME	
STREET ADDRESS 1301 TENTH ST NE		1.3 STREET ADDRESS 1301 Tenth St NE	
CITY-ST-ZIP WINTER PARK FL		1.4 CITY-ST-ZIP Winter Haven FL 33881	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME KLEIN, PHIL		2.2 NAME	
STREET ADDRESS 1756 N CARMEL RD		2.3 STREET ADDRESS	
CITY-ST-ZIP AVON PARK FL		2.4 CITY-ST-ZIP 33825	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BRADFORD, REED		3.2 NAME	
STREET ADDRESS 6754 WINTERSET GARDEN RD		3.3 STREET ADDRESS 6754 Winterset Gardens Rd	
CITY-ST-ZIP WINTER HAVEN, FL 00000		3.4 CITY-ST-ZIP Winter Haven FL 33884	
TITLE SD	<input type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MOZO, CAROLYN		4.2 NAME	
STREET ADDRESS 275 CHERRY LAUREL LN		4.3 STREET ADDRESS	
CITY-ST-ZIP WINTER HAVEN FL		4.4 CITY-ST-ZIP 33880	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *[Signature]* **REQUIRED** **5.6.97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0064743

CR2E037 (9/96)