FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 MAR -6 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 761375 (5)

1. Corporation Name

SPINA BIFIDA ASSOCIATION OF THE FLORIDA SPACE CO AST, INC.

Principal Place of Business	Mailing Address
220 SURF ROAD MELBOURNE BEACH FL 32951	4330 ABBOTT AVE. P.O. BOX 5426 TITUSVILLE FL 32780

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/07/1982
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-2188149 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 1200 Orange St	26 1200 Orange St
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Melb. Bch. Fl	28 Melb. Bch Fl
24 Zip 32951 / 25 Country Brevard	29 Zip 32951 / 30 Country Brevard

9. Name and Address of Current Registered Agent

PETERS, MARK S., ESQ.
775 E. MERRITT ISLAND CAUSEWAY
SUITE 310
MERRITT ISLAND FL 32952

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	TWEKSBURY, CRAIG	1.2 NAME	
STREET ADDRESS	220 SURF RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BCH. FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	V.P ☐ Change ☐ Addition
NAME	HOSTETTER, HARVEY	2.2 NAME	Ted Layer
STREET ADDRESS	5135 WINCHESTER DR.	2.3 STREET ADDRESS	623 Forrest Ave
CITY-ST-ZIP	TITUSVILLE FL	2.4 CITY-ST-ZIP	Cocoa Fl 32922
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	BETHEL, MARILYN	3.2 NAME	
STREET ADDRESS	4330 ABBOT AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	TEWKSBURY, SUSAN	4.2 NAME	
STREET ADDRESS	220 SURF RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BCH. FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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: Susan C Tewksbury — March 1995 — 407-784-1923
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Susan Tewksbury - Treas.

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