

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761375

FILED
Apr 03, 2006
Secretary of State

Entity Name: SPINA BIFIDA ASSOCIATION OF THE FLORIDA SPACE COAST, INC.

Current Principal Place of Business:

3685 STARLIGHT AVE.
MERRITT ISLAND, FL 32953 US

New Principal Place of Business:

Current Mailing Address:

3685 STARLIGHT AVE.
MERRITT ISLAND, FL 32953 US

New Mailing Address:

FEI Number: 59-2188149 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: SKINNER, ANNE
Address: 4145 EOLA AVE
City-St-Zip: TITUSVILLE, FL 32796

Title: SD () Delete
Name: LAYER, BONNIE
Address: PO BOX 540532 (NA)
City-St-Zip: MERRITT ISLAND, FL 32954

Title: PD () Delete
Name: REINARTS, ROBIN
Address: 3685 STARLIGHT AVE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VD () Delete
Name: KRYSINEL, LESLIE
Address: 3744 GRAND MEADOWS BLVD
City-St-Zip: MELBOURNE, FL 32934

Title: D () Delete
Name: KRYSINEL, MARK
Address: 3744 GRAND MEADOWS BLVD
City-St-Zip: MELBOURNE, FL 32934

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: REINARTS, ROBIN S
Address: 3685 STARLIGHT AVE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: SD (X) Change () Addition
Name: GILMOR, NANCY
Address: 1338 PROSPECT CIRCLE NE
City-St-Zip: PALM BAY, FL 32907

Title: PD (X) Change () Addition
Name: KRYSINEL, LESLIE
Address: 3744 GRAND MEADOWS BLVD
City-St-Zip: MELBOURNE, FL 32934

Title: VD (X) Change () Addition
Name: LAYER, BONNIE
Address: PO BOX 540532
City-St-Zip: MERRITT ISLAND, FL 32954

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD () Change (X) Addition
Name: WELLS, ROBIN
Address: 1379 STADT ROAD., NW
City-St-Zip: PALM BAY, FL 32907

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBIN REINARTS

TD

04/03/2006

Electronic Signature of Signing Officer or Director

Date