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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

762956 DOCUMENT #
1. Corporation Name

(1)

SPINA BIFIDA ASSOCIATION OF SOUTHEAST FLORIDA, I NC.

Principal Place of Business

Mailing Address



25 Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  28  Country  29  30  R. Apt. #, etc.  6. Election Campaign Financing Trust Fund Contribution  Added  Added  Zip  Country  Zip  Country  8. This corporation has liability for intangible tax under s. 1 Florida Statutes  Pes No  9. Name and Address of Current Registered Agent  CUKIER, PENNY 10060 S.W. 2ND STREET PLANTATION FL 33324	pplied For lot Applicable Additional Required May Be If to Fees 199.032,  Code egistered office agent. I am
28   Suite, Apt. #, etc.   Site   S	Iot Applicable Additional Required  ) May Be I to Fees 199.032,  Code egistered office agent. I an
Suite, Apt. #, etc.	Additional Required  May Be I to Fees 199.032,  Code egistered office agent. I an
27	Neguired  May Be I to Fees 199.032,  Code egistered office agent. I an
Trust Fund Contribution Added  Zip Country Zip Country 8. Tris Fund Contribution Added  Zip Country 8. Tris corporation has liability for intangible tax under s. 1  Point a Statutes Yes No intangible tax under s. 1  CUKIER, PENNY 10060 S.W. 2ND STREET PLANTATION FL 33324  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Provide Statutes, the above-named corporation submits this statement for the purpose of the appointment as 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 and accept the obligations of. Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of the appointment as registered agent and accept the obligations of. Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent with, and accept the obligations of. Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of the appointment as 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 at the corporation's board of directors. I hereby accept the appointment as registered agent at the corporation's submits this statement for the purpose of the appointment as registered agent at the corporation's board of directors. I hereby accept the appointment as registered agent at the corporation's board of directors. I hereby accept the appointment as registered agent at the corporation's board of directors. I hereby accept the appointment as registered agent at the corporation's board of directors. I hereby accept the appointment as registered agent at the corporation's board of directors. I hereby	1 to Fees 199.032, Code Sgistered office
25 29 30 Provide Statutes Ves No Ves	Code ogistered office agent. I am
CUKIER, PENNY 10060 S.W. 2ND STREET PLANTATION FL 33324  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes.  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 regored 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 a familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    12.	egistered office agent. I ani
CUKIER, PENNY 10060 S.W. 2ND STREET PLANTATION FL 33324  82  Street Address (P.O. Box Number is Not Acceptable)  83  84  City  FL 85  Zip  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 record registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its recording records to the provisions of Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its records remained with, and accept the appointment as registered agent and the if appointment as appointment as registered agent and the if appointment as registered agent an	egistered office agent. I ani
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PLANTATION FL 33324  83  84 City FL 85 Zip  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 regore 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 a familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and site if appointment as registered agent supervised Agent signature requised when releasting.  DA'E  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  PD	egistered office agent. I ani
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12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TIFLE PD DELETE 1.1 TITLE CUKIER, PENNY 1.2 NAME  STREET ADDRESS CITY-ST-ZIP PLANTATION FL 1.4 CITY-ST-ZIP  NAME NEWMAN, MARILYN 2.3 STREET ADDRESS CITY-ST-ZIP  TITLE VD DELETE 2.1 TITLE DELETE 2.3 STREET ADDRESS CITY-ST-ZIP  TITLE VD DELETE 3.1 TITLE 3.1 TITL	RS IN 12
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TITLE	
NAME	Addition
10060 SW 2 ST.   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   PLANTATION FL   1.4 CITY-ST-ZIP	
CITY-ST-ZIP	
NEWMAN, MARILYN   1820 NW 106 AVE   23 STREET ADDRESS   24 CITY-ST-ZIP   TD   DELETE   31 TITLE   CHange   CHANGE   CIVY-ST-ZIP   CUKIER, ARNOLD   32 NAME   STREET ADDRESS   33 STREET ADDRESS   34 STREET ADDRESS   34 STREET ADDRESS   34 STREET ADDRESS   35 STREET	
1820 NW 106 AVE	Addition
CITY-ST-ZIP	
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CITY-ST-ZIP PLANTATION FL 34. CITY-ST-ZIP 34. CITY-ST-ZIP	
TITLE S DELETE 4.1 TITLE Change	Addition
NAME ZANA, RITA 4.2 NAME STREET ADDRESS 3610 NE 17TH AVE 4.3 STREET ADDRESS	
FORT LAURERDALE EL	
CITY-ST-ZIP	Addition
NAME 52 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 54 CITY-ST-ZIP	
TITLE DELETE 61 TITLE Change	
NAME 6 2 NAME	Addition
STREET ADDRESS 6 3 STREET ADDRESS	
CITY-ST-ZIP 6 4 CITY-ST-ZIP	Addition

14. I do hereby certify that the information supplied with this filling 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 12 of Johanged on an attachment with an address.

SIGNATURE: