FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

CITY-ST-ZIP

DOCUMENT #

762956

(1)

SPINA BIFIDA ASSOCIATION OF SOUTHEAST FLORIDA, I NC. Principal Place of Business Mailing Address 10060 SW 2ND ST 10060 SW 2ND ST 3. Date Incorporated or Qualified PLANTATION FL 33324 PLANTATION FL 33324 04/13/1982 4. FEI Number Applied For 59-2228807 Not Applicable 2a. Mailing Address 2. Principal Place of Business \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 22 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? ☐ Yes **⊠** No 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. **⊠** No 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **CUKIER, PENNY** 82 Street Address (P.O. Box Number is Not Acceptable) 10060 S.W. 2ND STREET PLANTATION FL 33324 84 Zip Code City 85

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 3						
Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstalling) DATE DATE						
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (N. 12		
TITLE	PD	☐ DELETE	1,1 TITLE		Change	☐ Addition
NAME	CUKIER, PENNY		1.2 NAME			
STREET ADDRESS	10060 SW 2 ST.		1.3 STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-ST-ZIP			
TITLE	VD	☐ DELETE	2.1 TITLE		Change	Addition
NAME	NEWMAN, MARILYN		2.2 NAME			
STREET ADDRESS	1820 NW 106 AVE		2.3 STREET ADDRESS		. * ·	
CITY-ST-ZIP	PEMBROKE PINES FL		2.4 CITY-ST-ZIP			
TITLE	TD	DELETE	3.1 TITLE		☐ Change	Addition
NAME	CUKIER, ARNOLD		3.2 NAME			
STREET ADDRESS	10060 SW 2 ST	•	3,3 STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL		3.4. 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			
CITY-ST-ZIP	FORT LAUDERDALE FL		4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

14. I 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.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Jan 27 1998 8:00am

Secretary of State