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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:33

DOCUMENT # N11836 (6)

1. Corporation Name
THE SPINA BIFIDA COALITION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
9633 W BROWARD BLVD 2A PLANTATION FL 33324	9633 W BROWARD BLVD 2A PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/31/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2668177 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CUKIER, ARNOLD
9633 W BROWARD BLVD
SUITE 2A
PLANTATION FL 33324

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	CUKIER, ARNOLD	1.2 NAME		
STREET ADDRESS	9633 W BROWARD BLVD #2A	1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	MESLER, JIM	2.2 NAME		
STREET ADDRESS	2816 SW 81ST TERR	2.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	ARNOLD, BOB	3.2 NAME	SHARYN MURPHY	
STREET ADDRESS	534 SOMERSET DR	3.3 STREET ADDRESS	1741 WOODY DR.	
CITY-ST-ZIP	AUBURNDALE FL	3.4 CITY-ST-ZIP	WINDERMERE, FL 32786	
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	BETHEL, MARILYN	4.2 NAME		
STREET ADDRESS	4330 ABBOTT AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	LAFE, SONIA	5.2 NAME		
STREET ADDRESS	2101 KYRA DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☒ Change ☐ Addition
NAME	TEWKSBURY, CRAIG	6.2 NAME		
STREET ADDRESS	220 SURF ROAD	6.3 STREET ADDRESS	12,00 ORANGE STREET	
CITY-ST-ZIP	MELBOURNE BCH FL	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: Arnold Cukier ARNOLD CUKIER JAN. 25, 1995 (305) 478-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COMPLETE