

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N11836 (6)**

1. Corporation Name

**THE SPINA BIFIDA COALITION OF FLORIDA, INC.**



Principal Place of Business

**9633 W BROWARD BLVD 2A  
PLANTATION FL 33324**

Mailing Address

**9633 W BROWARD BLVD 2A  
PLANTATION FL 33324**

3. Date Incorporated or Qualified  
**10/31/1985**

3a. Date of Last Report  
**01/30/1995**

2. Principal Place of Business

**21**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**24**

**25**

**29**

**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 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

(Signature, typed or printed name of registered agent, and date if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>CUKIER, ARNOLD</b>	
STREET ADDRESS	<b>9633 W BROWARD BLVD #2A</b>	
CITY - ST - ZIP	<b>PLANTATION FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>MESLER, JIM</b>	
STREET ADDRESS	<b>2816 SW 81ST TERR</b>	
CITY - ST - ZIP	<b>DAVIE FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>MURPHY, SHARYN</b>	
STREET ADDRESS	<b>1741 WOODY DR.</b>	
CITY - ST - ZIP	<b>WINTERMERE FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>BETHEL, MARILYN</b>	
STREET ADDRESS	<b>4330 ABBOTT AVE</b>	
CITY - ST - ZIP	<b>TITUSVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LAFE, SONIA</b>	
STREET ADDRESS	<b>2101 KYRA DR</b>	
CITY - ST - ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TEWKSBUARY, CRAIG</b>	
STREET ADDRESS	<b>1200 ORANGE STREET</b>	
CITY - ST - ZIP	<b>MELBOURNE BCH FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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 13 if changed, or on an attachment with an address.

SIGNATURE:

*Arnold M. Cukier*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/26/96**

**(954) 473-4809**

Date

Day/Other Phone #

CR2E037 (12/95)