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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33324-2332

3. Date Incorporated or Qualified
10/31/1985

3a. Date of Last Report
02/29/1996

2. Principal Place of Business

2a. Mailing Address

21 **1200 Orange St**

26 **1200 Orange St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Melbourne Beach, FL**

28 **Melbourne Bch FL**

Zip

Country

Zip

Country

24 **32951**

25 **U.S.A.**

29 **32951**

30 **U.S.A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Craig Tewksbury

82 Street Address (P.O. Box Number is Not Acceptable)

1200 Orange St.

83

84 City

Melbourne Bch

FL

85 Zip Code

32951

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]* (NOTE: Registered Agent signature required when reinstating) DATE: **4/29/97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CUKIER ARNOLD	
1.3 STREET ADDRESS	9633 W BROWARD BLVD #2A	
1.4 CITY - ST - ZIP	PLANTATION FL	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KOWERKO, ANDREW	
2.3 STREET ADDRESS	22585 E 1st AVE	
2.4 CITY - ST - ZIP	PORT CHARLOTTE FL	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Helen Diedre	
3.3 STREET ADDRESS	2784 RIVERDALE DR	
3.4 CITY - ST - ZIP	DAVIE FL 32073	
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	President/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	TEWKSURY CRAIG	
6.3 STREET ADDRESS	1200 ORANGE ST	
6.4 CITY - ST - ZIP	Melb Bch FL 32951	

14. I do 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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **4/29/97** DAYTIME PHONE: **407-984-1825**

CR2E037 (9/96)