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May 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N 11836

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

Principal Place of Business
9633 W. BROWARD BLVD
SUITE 2A
PLANTATION, FL 33324

Mailing Address

3. Date Incorporated or Qualified
[redacted] NOV. 5, 1985

4. FEI Number
59-2668177
☐ Applied For
☐ Not Applicable

2. Principal Place of Business
21 (ABOVE)
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
CRAIG TEWKSBURY
1200 ORANGE STREET
MELBOURNE BEACH, FL. 32951

10. Name and Address of New Registered Agent
81 Name ARNOLD CUKIER
82 Street Address (P.O. Box Number is Not Acceptable) 9633 W. BROWARD BLVD, SUITE 2A
83
84 City PLANTATION FL 85 Zip Code 33324

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 Arnold Cukier - ARNOLD CUKIER, PRESIDENT 4/20/98
Signature, typed or printed name of individual with authority to sign, and capacity where applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PRESIDENT ARNOLD CUKIER 9633 W. BROWARD BLVD, SUITE 2A PLANTATION, FL 33324 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VICE PRESIDENT /D JAMES MESLER 2816 SW 81 TERRACE DAVIE, FL 33328 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	TREASURER /D SHARYN MURPHY 1741 WOODY DRIVE WINDERMERE, FL 32786 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	SECRETARY /D ANDREW KOWERKO 22585 ELMIRA BLVD PORT CHARLOTTE, FL 33980 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	DIRECTOR CRAIG TEWKSBURY 1200 ORANGE ST MELBOURNE BEACH, FL 32951 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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CR2E037 (10/97)

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.

SIGNATURE: Arnold Cukier - ARNOLD CUKIER APRIL 20, 1998 (954) 473-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #