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FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90047 016 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N11836

1. Corporation Name

THE SPINA BIFIDA COALITION OF FLORIDA, INC.
ASSOCIATION

Principal Place of Business

9633 W BROWARD BLVD., STE 2-A
PLANTATION FL 33324
US

Mailing Address

9633 W BROWARD BLVD., STE 2-A
PLANTATION FL 33324
US

343098 - 90047 - 16



2. Principal Place of Business 21 24 BEACH WALKER ROAD Suite, Apt. #, etc. 22 City & State 23 FERNANDINA BEACH FL Zip 24 32034 Country 25 USA	2a. Mailing Address 26 24 BEACH WALKER RD Suite, Apt. #, etc. 27 City & State 28 FERNANDINA BEACH FL Zip 29 32034 Country 30	3. Date Incorporated or Qualified 10/31/1985 4. FEI Number 59-2668177 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution
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9. Name and Address of Current Registered Agent

ARNOLD CUKIER
9633 W BROWARD BLVD., STE 2-A
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUKIER, ANROL	1.2 NAME	ARNOLD
STREET ADDRESS	9633 W BROWARD BLVD., STE 2-A	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	1.4 CITY-ST-ZIP	
TITLE	V/D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESLER, JIM	2.2 NAME	
STREET ADDRESS	2816 SW 81ST TERR	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33328	2.4 CITY-ST-ZIP	
TITLE	T/D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, SHARYN	3.2 NAME	
STREET ADDRESS	1741 WOODY DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTERMERE FL 32786	3.4 CITY-ST-ZIP	
TITLE	S/D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOWERKO, ANDREW	4.2 NAME	
STREET ADDRESS	22585 ELMIRIE BLD.	4.3 STREET ADDRESS	ELMIRA
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEWKSBURY, CRAIG	5.2 NAME	
STREET ADDRESS	1201 ORANGE ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BCH FL 32951	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	EXECUTIVE DIRECTOR
STREET ADDRESS		6.3 STREET ADDRESS	PATRICK SABADIE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	24 BEACH WALKER ROAD FERNANDINA BEACH, FL 32034

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, with all other like empowered.

SIGNATURE:

PATRICK SABADIE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95

904 261-6639

Date

Daytime Phone #

CR2E037 (11/98)

Other Directors

545648-90047-16
N11836

Lawrence Cardarelli
7621 Rolling Grove DR East
Lakeland, FL 33810

Penny Cukier, Esq
10060 SW 2 Street
Plantation, FL 33324

Jacki Frost
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Clarice Larsen
PO Box 747
Interlaken, FL 32148

Phil Klein
1756 N. Carmel RD
Avon Park, FL 33825

Joy Mullin
125 Bourne Avenue
Fort Myers, FL 33916

STAFF

Patrick Sabadie, EXECUTIVE DIRECTOR
24 Beach Walker Road
Fernandina Beach, FL 32034