

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N11836

FILED
Oct 19, 2004
Secretary of State**Entity Name:** SPINA BIFIDA ASSOCIATION OF FLORIDA, INC.**Current Principal Place of Business:**807 CHILDRENS WAY
JACKSONVILLE, FL 32207 US**New Principal Place of Business:****Current Mailing Address:**807 CHILDRENS WAY
JACKSONVILLE, FL 32207 US**New Mailing Address:****FEI Number:** 59-2668177 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**DUEAC, STEPHANIE
807 CHILDRENS WAY
JACKSONVILLE, FL 32207 US**Name and Address of New Registered Agent:**KING, STEPHANIE
807 CHILDRENS WAY
JACKSONVILLE, FL 32207 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: STEPHANIE KING

10/19/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: CUKIER, ARNOLD
Address: 10060 SW 2ND ST
City-St-Zip: PLANTATION, FL 33324 US**Title:** D () Delete
Name: REINARTS, ROBIN
Address: 3685 STAR LIGHT AVE.
City-St-Zip: MERRIT ISLAND, FL 39253**Title:** D (X) Delete
Name: DUEAC, STEPHANIE
Address: 807 CHILDRENS WAY
City-St-Zip: JACKSONVILLE, FL 32207**Title:** D () Delete
Name: BLEVINS, DIANNA
Address: 92 WEST MILLER ST
City-St-Zip: ORLANDO, FL 328062036**Title:** D (X) Delete
Name: CUKIER, ESQ, PENNY
Address: 10060 SW 2 STREET
City-St-Zip: PLANTATION, FL 33324**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change () Addition
Name: KING, STEPHANIE
Address: 807 CHILDRENS WAY
City-St-Zip: JACKSONVILLE, FL 32207 US**Title:** () Change () Addition
Name:
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City-St-Zip:**Title:** () Change () Addition
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Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHANIE KING

ED

10/19/2004

Electronic Signature of Signing Officer or Director

Date