2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11836

1. Entity Name

SPINA BIFIDA ASSOCIATION OF FLORIDA, INC.



Secretary of State 02-10-2003 90168 012 ****61.25

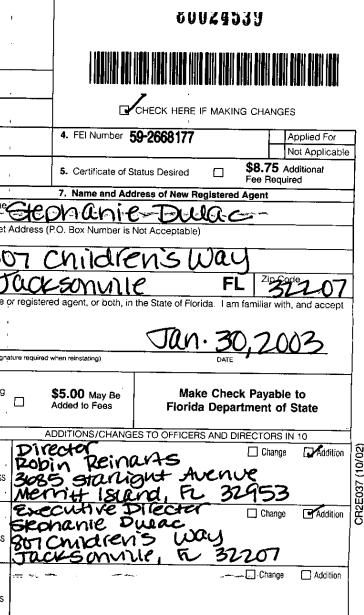
Feb 10, 2003 8:00 am

FILED

Principal Place of Business

24 BEACH WALKER RD FERNANDINA BEACH FL 32034 Mailing Address

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2. Principal Place of Business 3. Mailing Address soi onivalens i same Suite, Apt. #, etc. City & State Zip Country Name and Address of Current Registered Agent SABADIE, PATRICK Street Address (P.O. Box Number is Not Acceptable) 24 BEACH WALKER RD FERNANDINA BEACH FL 32034 8. 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE CUKIER, ARNOLD NAME

TITUE NAME 10060 SW 2ND ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33324 CITY-ST-ZIP ED TITLE Delete TIT! F SABADIE, PATRICK NAME 24 BEACH WALKER RD STREET ADDRESS STREET ADDRESS FERNANDINA BEACH FL 32034 CITY-ST-7IP CITY-ST-ZIP TITLE Delete, TITI E HICKEN,"DEDE" NAME NAME 2784 RIVER OAK DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ORANGE PARK FL 32073** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BLEVINS, DIANNA NAME NAME 92 WEST MILLER ST STREET ADDRESS STREET ADDRESS ORLANDO FL 32806-2036 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition CUKIER, ESQ, PENNY NAME NAME 10060 SW 2 STREET STREET ADDRESS STREET ADDRESS CITY-ST-2IP PLANTATION FL 33324 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition FROST, JACKI NAME NAME 12502 N PINE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33612** CITY-ST-ZIP

I hereby certify that the information supplied with this filling does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: