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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:27

DOCUMENT # N12854 (8)

1. Corporation Name

SPINA BIFIDA ASSOCIATION OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

125 BOURNE AVE FT MYERS 33916
P.O. BOX 1263
CAPE CORAL FL 33910

125 BOURNE AVE FT MYERS 33916
P.O. BOX 1263
CAPE CORAL FL 33910

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1985

3a. Date of Last Report

04/28/1994

4. FEI Number

59-2554427

Applied For

Not Applicable

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 1201 N.E. 14TH AVE. CAPE CORAL, FL. 33909

2a. Mailing Address

26 1201 NE 14TH AVE. CAPE CORAL, FL. 33909

Suite, Apt. #, etc.

22 P.O. Box 1263

Suite, Apt. #, etc.

27 P.O. Box 1263

City & State

23 CAPE CORAL, FL.

City & State

28 CAPE CORAL, FL.

Zip

24 33910

Country

25 U.S.A.

Zip

29 33910

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

MULLIN, JOYCE T.
125 BOURNE AVE.
FT. MYERS FL 33916

10. Name and Address of New Registered Agent

81 Name

MYLES, CATHY

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

1201 N.E. 14TH AVE

83

84 City

CAPE CORAL

FL

85 Zip Code

33909

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE CATHY MYLES, PRESIDENT

Signature (Typed or printed name of registered agent and title if applicable)

(Typed or printed name of corporation submitting report)

DATE

2/24/95

12. OFFICERS AND DIRECTORS

TITLE P
NAME MULLIN, JOYCE
STREET ADDRESS 125 BOURNE AVE.
CITY ST ZIP FT. MYERS FL

TITLE S
NAME CROWTHER, PENNY
STREET ADDRESS 12645 SHANNONDALE DR
CITY ST ZIP FT MYERS FL

TITLE T
NAME WESTEGARD, DONNA M.
STREET ADDRESS 312 EL DORADO PKWY W.
CITY ST ZIP CAPE CORAL FL

TITLE D
NAME KOWERKO, ANDREW
STREET ADDRESS 797 ELMIRA BLVD
CITY ST ZIP PT CHARLOTTE FL

TITLE D
NAME LAPIEDRA, WALTER
STREET ADDRESS 8270 COLLEGE PKWY 101
CITY ST ZIP FT MYERS FL

TITLE D
NAME MYLES, JOHN
STREET ADDRESS 1201 NE 14TH AVE
CITY ST ZIP CAPE CORAL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P
NAME MYLES, CATHY
12 STREET ADDRESS 1201 N.E. 14TH AVE.
13 CITY ST ZIP CAPE CORAL, FL. 33909

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

61 TITLE D
NAME MULLIN, JOYCE
62 STREET ADDRESS 125 BOURNE AVE
63 CITY ST ZIP FT. MYERS, FL. 33916

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR, OFFICER OR DIRECTOR

2/24/95

(813) 574-1656