2004 NOT-FOR-PROI ' CORPORAT
ANNUAL REPORT (AR)

FILED
Aug 18, 2004 8:00 am
Secretary of State
08-18-2004 90003 012 ****70.00

FAAST

Approval
Approve
Check # 6666
Check Date 4/1/04
Amount $ $ 70.00
Account # 986-7

54068739

1020 East Lafayette Street, Suite 110 • Tallahassee, Florida 32301-4546
voice: (850) 487-3278 website: http://faast.org

DOCUMENT # N98000002358

1. Entity Name

FLORIDA SPINAL CORD INJURY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
TAMPA GENERAL REHABILITATION CENTER ROOM - R100 DAVIS ISLAND FL 33606	POST OFFICE BOX 1289 ROOM R100 TAMPA FL 33601

2. Principal Place of Business	3. Mailing Address
TAMPA GENERAL REHAB CTR	PO BOX 1289
Suite, Apt. #, etc.: ROOM R212, 1 DAVIS ISLAND	Suite, Apt. #, etc.: ROOM - R212
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33601 Country: USA	Zip: 33601 Country: USA

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAWKINS, DONALD A FLORIDA SCI RESOURCE CENTER TAMPA GENERAL REHAB CENTER - ROOM R212 TAMPA FL 33601	Name: BRIAN STERNER Street Address (P.O. Box Number is Not Acceptable): FLORIDA SCI RESOURCE CENTER TAMPA GENERAL REHAB CTR - ROOM R212 City: TAMPA FL Zip Code: 33601

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.

SIGNATURE JANE JOHNSON 3/16/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☒ Delete	TITLE	D ☐ Change ☒ Addition
NAME	DAWKINS, DONALD A	NAME	BRIAN STERNER
STREET ADDRESS	TAMPA GEN. REHAB CENTER RM R212	STREET ADDRESS	TAMPA GEN. REHAB CTR - ROOM 212
CITY-ST-ZIP	TAMPA FL 33601	CITY-ST-ZIP	TAMPA, FL 33601
TITLE	D ☒ Delete	TITLE	D ☐ Change ☒ Addition
NAME	WARD, TERRY	NAME	JANE JOHNSON
STREET ADDRESS	325 JOHN KNOX ROAD BLDG B	STREET ADDRESS	325 JOHN KNOX ROAD, BLDG. B
CITY-ST-ZIP	TALLAHASSEE FL 32303	CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	D ☒ Delete	TITLE	D ☐ Change ☒ Addition
NAME	ABEL, KATE	NAME	LANA PETERSON
STREET ADDRESS	343 AUBURN DR	STREET ADDRESS	325 JOHN KNOX ROAD, BLDG. B
CITY-ST-ZIP	DAYTONA BEACH FL 32118	CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	LAMB, DANA G	NAME	
STREET ADDRESS	PO BOX 2715	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33902	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	MANNHEIMER, PETER	NAME	
STREET ADDRESS	14062 SW 80TH ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183-3030	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	RAVENSCRAFT, MARK	NAME	
STREET ADDRESS	1217 APALACHEE PKWY #476	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301-3009	CITY-ST-ZIP	

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 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 JANE JOHNSON 3/16/04 850-487-3278