


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90084 030 ****61.25

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1. Entity Name
FLORIDA SPINAL CORD INJURY ASSOCIATION, INC.



Principal Place of Business
TAMPA GENERAL REHABILITATION CENTER
ROOM R212, 1 DAVIS ISLAND
TAMPA, FL 33601

Mailing Address
POST OFFICE BOX 1289
ROOM R212
TAMPA, FL 33601

40003583



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01052006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
59-3502192

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STERNER, BRIAN
FLORIDA SCI RESOURCE CENTER
TAMPA GENERAL REHAB CENTER - ROOM R212
TAMPA, FL 33601

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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

Filing Fee is \$61.25
Due by May 1, 2006

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

TITLE	D <input type="checkbox"/> Delete
NAME	STERNER, BRIAN
STREET ADDRESS	TAMPA GEN. REHAB CENTER RM R212
CITY-ST-ZIP	TAMPA, FL 33601
TITLE	D <input type="checkbox"/> Delete
NAME	JOHNSON, JANE
STREET ADDRESS	325 JOHN KNOX ROAD BLDG B
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	PETERSON, LANA
STREET ADDRESS	325 JOHN KNOX RD., BLDG B
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	<i>Director</i> <input type="checkbox"/> Delete
NAME	<i>Don</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Daniels, Michael (Director) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	325 John Knox Rd, Bldg 400, Suite 402
STREET ADDRESS	Tallahassee, FL 32303
CITY-ST-ZIP	
TITLE	<i>Johnson, Jane</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	325 John Knox Rd, Bldg. 400, Suite 402
STREET ADDRESS	Tallahassee, FL 32303
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 E. Johnson* 1/11/06 850-487-3278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #