

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002358

FILED
Jan 08, 2007
Secretary of State

Entity Name: FLORIDA SPINAL CORD INJURY ASSOCIATION, INC.

Current Principal Place of Business:

TAMPA GENERAL REHABILITATION CENTER
ROOM R212, 1 DAVIS ISLAND
TAMPA, FL 33601

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1289
ROOM R212
TAMPA, FL 33601

New Mailing Address:

FEI Number: 59-3502192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

STARK, JUSTIN
FLORIDA SCI RESOURCE CENTER
TAMPA GENERAL REHAB CENTER - ROOM R212
TAMPA, FL 33601 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: JUSTIN STARK

01/08/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STERNER, BRIAN
Address: TAMPA GEN. REHAB CENTER RM R212
City-St-Zip: TAMPA, FL 33601

Title: D () Delete
Name: JOHNSON, JANE
Address: 325 JOHN KNOX RD BLDG 400 STE 402
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: DANIELS, MICHAEL
Address: 325 JOHN KNOX RD BLDG 400 STE 402
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: STARK, JUSTIN
Address: TAMPA GEN. REHAB CENTER RM R212
City-St-Zip: TAMPA, FL 33601

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JANE E. JOHNSON

D

01/08/2007

Electronic Signature of Signing Officer or Director

Date