

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726901

Entity Name: THE SPINA BIFIDA ASSOCIATION OF JACKSONVILLE, INC.

Current Principal Place of Business:

NEMOURS CHILDREN'S CLINIC
807 CHILDREN'S WAY
JACKSONVILLE, FL 32207

Current Mailing Address:

NEMOURS CHILDREN'S CLINIC
807 CHILDREN'S WAY
JACKSONVILLE, FL 32207

FEI Number: 23-7432288

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHROER, DIANE M
807 CHILDREN'S WAY
JACKSONVILLE, FL 32207 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREA
Name SCHROER, DIANE
Address 322 BEADLILY COURT
City-State-Zip: JACKSONVILLE FL 32225

Title D
Name CATTO, SUZANNE
Address 4941 RIVER POINT ROAD
City-State-Zip: JACKSONVILLE FL 32207

Title D
Name DOLAN, JAMES
Address 3556 SILVERY LANE
City-State-Zip: JACKSONVILLE FL 32217

Title COB
Name ERHARD, MICHAEL MD
Address 807 CHILDREN'S WAY
City-State-Zip: JACKSONVILLE FL 32207

Title VCOB
Name VALDIVIA, JULIO
Address 807 CHILDREN'S WAY
City-State-Zip: JACKSONVILLE FL 32207

I hereby 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 all other like empowered.

SIGNATURE: DIANE M SCHROER

TREASURER

08/26/2013

Electronic Signature of Signing Officer/Director Detail

Date