FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995 5-1-95 B 7014 mc

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:50

DOCUMENT # 705463 (8)

1. Corporation Name

UNITED CEREBRAL PALSY OF NORTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
2912 N. "E" ST PENSACOLA FL 32501	2912 N. "E" ST PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/15/1963
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-0737912 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
22: Suite, Apt. #, etc.
27: Suite, Apt. #, etc.
23: City & State
28: City & State
24: Zip / 25: Country
29: Zip / 30: Country

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 ☒ — $69.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WHITE, SHERRY A.
2912 N. "E" STREET
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	P/D	☒ Change ☐ Addition
NAME	HUNTER, MARTHA A.	12 NAME		
STREET ADDRESS	40 S. ALCANIZ STREET	13 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	14 CITY-ST-ZIP		
TITLE	TD	21 TITLE		☐ Change ☐ Addition
NAME	BOLLETER, DEBRA	22 NAME		
STREET ADDRESS	25 W CEDAR STR	23 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE	V/D	☒ Change ☐ Addition
NAME	DOMAN, JOANN PACE	32 NAME		
STREET ADDRESS	1213 WILLOWOOD LANE	33 STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL	34 CITY-ST-ZIP		
TITLE	VD	41 TITLE	S/D	☒ Change ☐ Addition
NAME	LOFTIN, JOE M.	42 NAME		
STREET ADDRESS	2447 EXEC PLAZA DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 00000	44 CITY-ST-ZIP		
TITLE	VD	51 TITLE	V/D	☒ Change ☐ Addition
NAME	WHITE, DAVID G	52 NAME	HUSH, GARY	
STREET ADDRESS	210 CHURCH STREET	53 STREET ADDRESS	5037 BAYOU BLVD	
CITY-ST-ZIP	PENSACOLA FL	54 CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	PD	61 TITLE	V/D	☒ Change ☐ Addition
NAME	WINDHAM, PATRICIA S	62 NAME	LEAHY, CARL	
STREET ADDRESS	270 N. PALAFOX ST.	63 STREET ADDRESS	4990 MOBILE HWY	
CITY-ST-ZIP	PENSACOLA FL	64 CITY-ST-ZIP	PENSACOLA, FL 32506	

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 119.07(3)(k), 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 address.

SIGNATURE: MARTHA ANN HUNTER Martha Ann Hunter 4-11-95 (904) 432-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0021201