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NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 705463

(8)

UNITED CEREBRAL PALSY OF NORTHWEST FLORIDA, INC.

2812 N. T. ST PRISACOLA FL 32501 291 20 Name and Address of Euuments 292 20 Name and Address of Euuments 293 20 Name and Address of Euuments 294 20 Country 295 20 State 296 20 State 297 20 Country 297 20 Country 298 20 State 298 20 State 299 20 Country 299 20 State 290	Principal Place	e of Rusiness	Mailing Address					
PENSACOLA FL 2501								
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25 36.36 NORTH "L" STREET S9-0737912 Page Addition Page P								
Suite Apt. R. etc. Suite Apt. R. etc. Suite Ap		Place of Business	2a. Mailing Address				Applied For	
27 SUITE A3					ET 59-0737912	Not Applicable		
City & State Ci			 1		5. Certificate of Status Desired			
28 PENSACOLA FL 29 S2505 30 ESCAMBIA FL Trust Fund Contribution Added to Fear Part 199,002 Food Statutes Floring Floring Statutes Floring Statutes Floring Statutes Flor						Fee Required		
Zip			\vdash		, , ,			
28		Country					Added to Fees	
WHITE, SHERRY A. 2012 N. "F' STREET PENSACOLA FL 32501 11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florids Statutes, the above named components statute to special components against or both, in the State of Florids. Such change was authorized by the corporation's board of directors. Hereby accept the appointment of englated against an englated directors in the statement for the purcess of changing is registered office from the first of the provisions of Sections 617,0502 and 617,1508. Florids Statutes. 11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florids Statutes are registered again. Or both, in the State of Florids. Such change was authorized by the corporation's board of directors. Interestly accept the appointment of registered again. I am familiar valve, and accept the obligations of, Section 617,0503, Florida Statutes. 12. CFFICERS AND DIRECTORS. 13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS. 13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12. 15. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12. 17. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS CHANGES TO OFFICERS AND DIR		— ´			•	8. This corporation has liability for inta		
### WHITE, SHERRY A ### 2912 N. "F" STREET ### STREET ### PENSACOLA FL 32501 ### 12 Street Ackdess FO. Box Number is Not Acceptable) ### 356 ANORTH "L" STREET ### STREET ### 12 STREET ### 13 STREET ACCRESS ### 12 STREET ACCRESS ### 1				100 ESC	ALIDIA			
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PENSACOLA FL 32501 SUITE A3 SUITE A3 SUITE A3 SUITE A3 SUITE A								
SIGNATURE 11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered officing and with, and accept the obligations of, Section 617,0503, Horida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am 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 registered a					NORTH "L" STREET			
PENSACOLA FL 32505 325	SUITE A					TE A3		
11. Pursuant to the provisions of Socions 617,0502 and 617,1509, Florida Statutes, the above-namied corporation's submits this statement for the purpose of changing its rejistence of the or registered agent, and eccept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, highest or principle of principle of agent and file of principle				84	City			
SIGNATURE Signature, hypotic protect name of neglinered agent and the protections of Section 617,0503, Florida Statutes. Signature, hypotic protect name of neglinered agent and the lappicate of the protections of the color of the lappicate of	11. Pursuant	to the provisions of Sections 617 050	2 and 617 1508. Florida Statute	s the shove.	namad sav	manatha a shakiri shi a sasa sa		
SIGNATURE Signature, hipsed or perilect name of mightaned agent and the all applications 13.	or register	red agent, or both, in the State of Flor	ida. Such change was authorize	ed by the corp	oration's b	poration submits this statement for the purpor oard of directors. I hereby accept the appoint	se or changing its registered office iment as registered agent. I am	
12.								
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE .	Signature, typed or printed parso of registered poor	t soci title if applicable (MO)	It - Denistrand Ana		7.7.1.2.00.2015.7777777		
TITLE	12.				nt signature res			
NAME HUNTER, MARTHA A. 12 NAME 13 STREET ADDRESS 14 GIV-SI-ZIP	TITLE					ALDINO TO GLACITO COLLEGE		
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TID		l .						
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City-St-Zip	STREET ADDRESS	I -			ADDRESS	25 WEST CEDAD STORE	T CITTE 212	
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DOMAN, JOANN PACE 32 NAME BROWN, DESMOND			[X]DELETE		31-71	V/D	▼ Change	
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TITLE								
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STREET ADDRESS 4990 MOBILE HWY 63 STREET ADDRESS	STREET ADDRESS	The state of the s			ADDRESS			
CITY-ST-ZIP PENSACOLA FL 64 CHY-ST-ZIP	CITY-ST-ZIP							
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 110 07(3)(b) Florida Statutes Unitary	14. I do hereb	v certify that the information supplied	with this filing is voluntarily furnis	shed and does	s not qualif	y for the exemption stated in Section 119.070	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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SHOWING

3-19-96

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