

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 705463 (8)**

1. Corporation Name

**UNITED CEREBRAL PALSY OF NORTHWEST FLORIDA, INC.**



Principal Place of Business

2912 N. "E" ST  
PENSACOLA FL 32501

Mailing Address

2912 N. "E" ST  
PENSACOLA FL 32501

3. Date Incorporated or Qualified  
**07/15/1963**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **3636 NORTH "L" STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE A3**

City & State

City & State

23 **PENSACOLA, FL**

Zip

Country

Zip

Country

24 **32505** 30 **ESCAMBIA**

5. Certificate of Status Desired ☒

**\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

**3636 NORTH "L" STREET**

83

**SUITE A3**

84 City

**PENSACOLA,**

**FL**

85 Zip Code

**32505**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE  
NAME **HUNTER, MARTHA A.**  
STREET ADDRESS **40 S. ALCANIZ STREET**  
CITY-ST-ZIP **PENSACOLA FL**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **TD** ☐ DELETE  
NAME **BOLLETER, DEBRA**  
STREET ADDRESS **25 W CEDAR STR**  
CITY-ST-ZIP **PENSACOLA FL**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

**C/D** ☒ Change ☐ Addition  
**25 WEST CEDAR STREET, SUITE 312**

TITLE **VD** ☒ DELETE  
NAME **DOMAN, JOANN PACE**  
STREET ADDRESS **1213 WILLOWOOD LANE**  
CITY-ST-ZIP **GULF BREEZE FL**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

**V/D** ☒ Change ☐ Addition  
**BROWN, DESMOND**  
**5147 NORTH 9TH AVE, SUITE 405**  
**PENSACOLA, FL 32504**

TITLE **SD** ☐ DELETE  
NAME **LOFTIN, JOE M.**  
STREET ADDRESS **2447 EXEC PLAZA DRIVE**  
CITY-ST-ZIP **PENSACOLA, FL 00000**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VD** ☒ DELETE  
NAME **BUSH, GARY**  
STREET ADDRESS **5037 BAYOU BLVD**  
CITY-ST-ZIP **PENSACOLA FL**

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

**T/D** ☒ Change ☐ Addition  
**MORRISON, JERRY W.**  
**201 NORTH PALAFOX STREET**  
**PENSACOLA, FL 32501**

TITLE **VD** ☒ DELETE  
NAME **LEAHY, CARL**  
STREET ADDRESS **4990 MOBILE HWY**  
CITY-ST-ZIP **PENSACOLA FL**

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:**

**DEBRA BOLLETER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-96

904 432-9454

Date

Daytime Phone #

CR2E037 (12/95)