

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 705463 (8)
1. Corporation Name
UNITED CEREBRAL PALSY OF NORTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

2912 N. "E" ST
PENSACOLA FL 325013636 NORTH "L" STREET
SUITE A-3
PENSACOLA FL 32505-5248
US3. Date Incorporated or Qualified
07/15/19633a. Date of Last Report
04/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

29

30

4. FEI Number
59-0737912Applied For
Not Applicable5. Certificate of Status Desired ☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. 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.
3636 NORTH "L" STREET
SUITE A-3
PENSACOLA FL 32505

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 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

TITLE CD ☐ DELETE
NAME BOLLETER, DEBRA
STREET ADDRESS 25 WEST CEDAR STREET SUITE 312
CITY-ST-ZIP PENSACOLA FLTITLE VD ☐ DELETE
NAME BROWN, DESMOND
STREET ADDRESS 5147 NORTH 9TH AVENUE SUITE 405
CITY-ST-ZIP PENSACOLA FLTITLE SD ☐ DELETE
NAME LOFTIN, JOE M.
STREET ADDRESS 2447 EXEC PLAZA DRIVE
CITY-ST-ZIP PENSACOLA, FL 00000TITLE TD ☒ DELETE
NAME MORRISON, JERRY W.
STREET ADDRESS 21 NORTH PALAFOX STREET
CITY-ST-ZIP PENSACOLA FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE T.D. ☐ Change ☒ Addition
5.2 NAME FREDERICKSON, ROSEMARY
5.3 STREET ADDRESS 800 N. 12TH AVE
5.4 CITY-ST-ZIP PENSACOLA, FL 325016.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 as an attachment with my address.

SIGNATURE:

DEBRA BOLLETER REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97

(904) 432-3200

Date

Daytime Phone # 0072795

CR2E037 (9/96)