**FILE NOW: FILING FEE IS $61.25**

FILED
Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1998**

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

DOCUMENT # **705463** **(8)**

1. Corporation Name
**UNITED CEREBRAL PALSY OF NORTHWEST FLORIDA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2912 N. "E" ST<br>PENSACOLA FL 32501 | 3636 NORTH "L" STREET<br>SUITE A-3<br>PENSACOLA FL 32505<br>US |

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

4. FEI Number: 59-0737912 ☐ Applied For ☐ Not Applicable

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

WHITE, SHERRY A.
3636 NORTH "L" STREET
SUITE A-3
PENSACOLA FL 32505

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 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 _____ 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 | ~~CD~~ | ☒ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ~~BOLLETER, DEBRA~~ | | 1.2 NAME | | |
| STREET ADDRESS | ~~25 WEST CEDAR STREET SUITE 312~~ | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ~~PENSACOLA FL~~ | | 1.4 CITY-ST-ZIP | | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | CD | ☒ Change ☐ Addition |
| NAME | BROWN, DESMOND | | 2.2 NAME | | |
| STREET ADDRESS | 5147 NORTH 9TH AVENUE SUITE 405 | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PENSACOLA FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | SD | ☐ DELETE | 3.1 TITLE | ~~TD~~ dec | ☐ Change ☐ Addition |
| NAME | LOFTIN, JOE M. | | 3.2 NAME | | |
| STREET ADDRESS | 2447 EXEC PLAZA DRIVE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PENSACOLA, FL 00000 | | 3.4 CITY-ST-ZIP | | |
| TITLE | ~~TD~~ | ☒ DELETE | 4.1 TITLE | TD | ☐ Change ☒ Addition |
| NAME | ~~MORRISON, JERRY W.~~ | | 4.2 NAME | HOLMES, JR., GRANT | |
| STREET ADDRESS | ~~21 NORTH PALAFOX STREET~~ | | 4.3 STREET ADDRESS | 9743 CREEK BRIDGE CIRCLE | |
| CITY-ST-ZIP | ~~PENSACOLA FL~~ | | 4.4 CITY-ST-ZIP | PENSACOLA, FL 32514 | |
| TITLE | TD | ☐ DELETE | 5.1 TITLE | VD | ☒ Change ☐ Addition |
| NAME | FREDERICKSON, ROSEMARY | | 5.2 NAME | | |
| STREET ADDRESS | 800 N 12TH AVE | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PENSACOLA FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (10/97)

14. I 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 on an attachment with an address.

SIGNATURE: Desmond Brown DESMOND BROWN, M.D. CHAIRMAN OF THE BOARD 1-28-98 (850) 505-4720