

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705463

FILED
Apr 15, 2005
Secretary of State

Entity Name: UNITED CEREBRAL PALSY OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

2912 NORTH
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

2912 NORTH
PENSACOLA, FL 32501 US

New Mailing Address:

FEI Number: 59-0737912 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WHITE, SHERRY A.
2912 NORTH
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: RENFROE, BEN
Address: 5153 N. 9TH AVE., SUITE 300
City-St-Zip: PENSACOLA, FL 32504

Title: TD () Delete
Name: FIELDER, MICHELE W
Address: 70 N BAYLEN ST
City-St-Zip: PENSACOLA, FL 32501

Title: SD () Delete
Name: GOETTER, SUSAN
Address: 3404 EDINBOROUGH COURT
City-St-Zip: PENSACOLA, FL 32514

Title: CD () Delete
Name: MCLAMB, BILLY D
Address: 3838 NAVY BLVD
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: FAIR, BOBBY
Address: 400 WEST GARDEN STREET
City-St-Zip: PENSACOLA, FL 32501

Title: D () Delete
Name: HUGGINS, W. BRAD
Address: 605 W GARDEN STREET
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: GOETTER, SUSAN
Address: 5320 MOUNTAIN LAUREL LANE
City-St-Zip: MILTON, FL 32570

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILLY D. MCLAMB

CD

04/15/2005

Electronic Signature of Signing Officer or Director

Date