

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705463

FILED
Mar 19, 2009
Secretary of State

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

Current Principal Place of Business:

2912 NORTH E ST.
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

2912 NORTH E ST.
PENSACOLA, FL 32501

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:

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

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:

03/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: VD () Delete
Name: HILL, MIKE
Address: 611 NEW WARRINGTON RD
City-St-Zip: PENSACOLA, FL 32506

Title: TD () Delete
Name: BARBEE, ANNA
Address: 2704 N. 12TH AVE
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: FAIR, BOBBY
Address: 125 W ROMANA ST
City-St-Zip: PENSACOLA, FL 32502

Title: D () Delete
Name: LINTNER, BARRY
Address: 6310 PALAFOX ST.
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: RENFROE, J. BEN M.D.
Address: 400 GULF BREEZE PARKWAY, SUITE 300
City-St-Zip: GULF BREEZE, FL 32561

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

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

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 exemption stated in Chapter 119, 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: J. BEN RENFROE

CD

03/19/2009

Electronic Signature of Signing Officer or Director

Date