2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2010
Secretary of State

DOCUMENT# 705463

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 E STREET
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
Name: HUGGINS, W. BRAD
Address: 605 W. GARDEN ST.
City-St-Zip: PENSACOLA, FL 32501

Title: D
Name: FIELDER, MICHELE W
Address: 70 N BAYLEN ST
City-St-Zip: PENSACOLA, FL 32501

Title: TD
Name: ASMAR, JOHN F
Address: 1306 E. CERVANTES ST.
City-St-Zip: PENSACOLA, FL 32501

Title: CD
Name: CAUSEY, ANNA M
Address: 2704 N. 12TH AVE
City-St-Zip: PENSACOLA, FL 32503

Title: D
Name: OVERSTREET, RAISA
Address: 815 S. PALAFOX ST
City-St-Zip: PENSACOLA, FL 32502

Title: SD
Name: LINTNER, BARRY
Address: 6310 PALAFOX ST.
City-St-Zip: PENSACOLA, FL 32503

I hereby 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 all other like empowered.

SIGNATURE: ANNA M. CAUSEY CD 02/18/2010
Electronic Signature of Signing Officer or Director Date