2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005
Secretary of State

DOCUMENT# 740625

Entity Name: UNITED CEREBRAL PALSY OF SARASOTA-MANATEE, INC.

Current Principal Place of Business:

1090 SOUTH TAMIAMI TRAIL
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

C/O LES LEECH, JR.
9040 SUNSET DRIVE
MIAMI, FL 331733454 US

New Mailing Address:

FEI Number: 59-1796622 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEECH, LESLIE W JR
9040 SUNSET DR.
SUITE A
MIAMI, FL 33173 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:	D	( ) Delete
Name:	DEAN, JIMMY	
Address:	601 SOUTH OSPREY AVE	
City-St-Zip:	SARASOTA, FL 34236	
Title:	D	( ) Delete
Name:	WEINGER, STEVEN M	
Address:	2650 SW 27TH AVENUE, 2ND FL	
City-St-Zip:	MIAMI, FL 33133	
Title:	D	( ) Delete
Name:	GREENBERG, BARNETT	
Address:	7761 SW 176TH STREET	
City-St-Zip:	MIAMI, FL 33157	
Title:	P	( ) Delete
Name:	LEECH, LES JR	
Address:	9040 SUNSET DR. SUITE A	
City-St-Zip:	MIAMI, FL 33173	
Title:	ST	( ) Delete
Name:	WEEKS, JAMES G	
Address:	9040 SUNSET DR. SUITE A	
City-St-Zip:	MIAMI, FL 33173	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: LESLIE W. LEECH, JR. P 01/20/2005

Electronic Signature of Signing Officer or Director — Date