

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705463

Entity Name: UNITED CEREBRAL PALSY OF NORTHWEST FLORIDA, INC.**Current Principal Place of Business:**2912 NORTH E ST.
PENSACOLA, FL 32501**Current Mailing Address:**2912 NORTH E ST.
PENSACOLA, FL 32501**FEI Number: 59-0737912****Certificate of Status Desired: Yes****Name and Address of Current 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	HUGGINS, W. BRAD
Address	605 W. GARDEN ST.
City-State-Zip:	PENSACOLA FL 32501

Title	CD
Name	BELL, BRIAN PSR
Address	33 W. GARDEN ST
City-State-Zip:	PENSACOLA FL 32502

Title	VC
Name	FIELDER, MICHELE W
Address	850 S. PALAFOX ST., STE 200
City-State-Zip:	PENSACOLA FL 32502

Title	TD
Name	SMITH, NORMAN D
Address	230 MAN O WAR CIRCLE
City-State-Zip:	CANTONMENT FL 32533

Title	SD
Name	WEBB, RAISA
Address	3004 BLACKSHEAR AVE.
City-State-Zip:	PENSACOLA FL 32503

Title	D
Name	ANDERSON, LARRY
Address	500 S. FAIRFIELD DR.
City-State-Zip:	PENSACOLA FL 32506

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: BRIAN P. BELL, SR.**CHAIRMAN****01/15/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date