

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000007871

**FILED**  
**Jan 08, 2015**  
**Secretary of State**  
**CC6258230041**

**Entity Name:** UNITED CEREBRAL PALSY OF TAMPA BAY FOUNDATION, INC.

**Current Principal Place of Business:**

2215 E HENRY AVE  
TAMPA, FL 33610

**Current Mailing Address:**

2215 E HENRY AVE  
TAMPA, FL 33610

**FEI Number: 30-0216715**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

WHITE, LAURA J  
2215 E HENRY AVE  
TAMPA, FL 33610 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:** LAURA J WHITE

01/08/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRES	Title	EXECUTIVE DIRECTOR
Name	STORM, CHIP	Name	WHITE, LAURA J
Address	1913 W. DEKLE AVENUE	Address	2215 E HENRY AVE
City-State-Zip:	TAMPA FL 33606	City-State-Zip:	TAMPA FL 33610

*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:** LAURA J WHITE

**EXECUTIVE DIRECTOR**

01/08/2015

Electronic Signature of Signing Officer/Director Detail

Date