

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000007871

**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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name STORM, CHIP  
Address 1913 W. DEKLE AVENUE  
City-State-Zip: TAMPA FL 33606

Title EXECUTIVE DIRECTOR  
Name KING, JAMES  
Address 2215 E HENRY AVE  
City-State-Zip: TAMPA FL 33610

Title SEC  
Name ARTHUR, DOUGLAS  
Address 3013 W. CHAPIN AVENUE  
City-State-Zip: TAMPA FL 33611

Title DIRECTOR OF PROGRAM  
DEVELOPMENT  
Name WHITE, LAURA J  
Address 2215 E HENRY AVE  
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

**DIRECTOR OF PROGRAM DEVELOPMENT** 04/23/2013

Electronic Signature of Signing Officer/Director Detail

Date