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Feb 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 705432 (3)  
1. Corporation Name  
UNITED CEREBRAL PALSY OF BROWARD COUNTY, INC.



Principal Place of Business: 3117 SW 13TH COURT FT LAUDERDALE FL 33312  
Mailing Address: 3117 SW 13TH COURT FT LAUDERDALE FL 33312-2714

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/04/1963	3a. Date of Last Report 01/29/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0174817	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ANIELLO, JOSEPH A. 3117 SW 13 COURT FORT LAUDERDALE FL 33312				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	MD	1.1 TITLE	V/D
NAME	ANIELLO, JOSEPH A.	1.2 NAME	GRAY, WILLIAM D.
STREET ADDRESS	1411 NW 14 AVENUE	1.3 STREET ADDRESS	1660 W. MCNAB ROAD
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	PD	2.1 TITLE	S/T
NAME	SLAVIS, PETER D.	2.2 NAME	KAPLAN, IRA D.
STREET ADDRESS	200 EAST BROWARD BLVD.	2.3 STREET ADDRESS	2 S.W. 129TH AVENUE
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	Pembroke Aves, FL 33027
TITLE	VD	3.1 TITLE	
NAME	MACCHIA, JOHN	3.2 NAME	
STREET ADDRESS	2216 SE 18 STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	SCHILLINGER, MARJORIE	4.2 NAME	
STREET ADDRESS	1225 NE 93 STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
NAME	FREAD, TOM	5.2 NAME	
STREET ADDRESS	110 E. BROWARD BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 2/22/97 DAYTIME PHONE: 0036174

CR2E037 (9/96)