

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 05 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 705432 (3)**

1. Corporation Name  
**UNITED CEREBRAL PALSY OF BROWARD COUNTY, INC.**



Principal Place of Business <b>3117 SW 13TH COURT FT LAUDERDALE FL 33312</b>	Mailing Address <b>3117 SW 13TH COURT FT LAUDERDALE FL 33312</b>
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3. Date Incorporated or Qualified <b>01/04/1963</b>	
4. FEI Number <b>59-0174817</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent <b>ANIELLO, JOSEPH A. 3117 SW 13 COURT FORT LAUDERDALE FL 33312</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>MD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ANIELLO, JOSEPH A</b>		1.2 NAME	
STREET ADDRESS <b>1411 NW 14 AVENUE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SLAVIS, PETER D.</b>		2.2 NAME	
STREET ADDRESS <b>200 EAST BROWARD BLVD.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>FT. LAUDERDALE FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GRAY, WILLIAM D.</b>		3.2 NAME <b>BONCHICK, NORMAN</b>	
STREET ADDRESS <b>1660 MCNAB RD</b>		3.3 STREET ADDRESS <b>441 S.W. 12 AVE.</b>	
CITY-ST-ZIP <b>FT. LAUDERDALE FL</b>		3.4 CITY-ST-ZIP <b>DEERFIELD BEACH, FL 33442</b>	
TITLE <b>ST</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>KAPLAN, IRA</b>		4.2 NAME <b>GRAY, WILLIAM D.</b>	
STREET ADDRESS <b>2 SW 129TH AVENUE</b>		4.3 STREET ADDRESS <b>1660 W. McNab Road</b>	
CITY-ST-ZIP <b>PEMBROKE PINES FL</b>		4.4 CITY-ST-ZIP <b>FT. LAUDERDALE, FL 33309</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FREAD, TOM</b>		5.2 NAME	
STREET ADDRESS <b>110 E. BROWARD BLVD.</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>FT. LAUDERDALE FL</b>		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: \_\_\_\_\_

CR2E037 (1097)