

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **705461** (2)  
1. Corporation Name  
**UNITED CEREBRAL PALSY ASSOCIATION OF MIAMI, INC.**



Principal Place of Business: **1411 NORTHWEST FOURTEENTH AVENUE MIAMI FL 33125**  
Mailing Address: **1411 NORTHWEST FOURTEENTH AVENUE MIAMI FL 33125**

3. Date Incorporated or Qualified: **10/09/1959**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-0637822**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **ANIELLO, JOSEPH A 1411 N.W. 14 AVENUE MIAMI FL 33125**  
10. Name and Address of New Registered Agent: 81-85

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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>C</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHILLINGER, JACK</b>	1.2 NAME	
STREET ADDRESS	<b>1225 NE 93 STR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GERMI, ALI</b>	2.2 NAME	<b>RANGEL, RICHARD</b>
STREET ADDRESS	<b>1805 NW 97 AVE.</b>	2.3 STREET ADDRESS	<b>25 W. FLAGLER STREET</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	<b>MIAMI, FL 33130</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BUBNOW, VIC</b>	3.2 NAME	<b>SCHILLINGER, MARJORIE</b>
STREET ADDRESS	<b>15495 EAGLE NEST LANE, #120</b>	3.3 STREET ADDRESS	<b>1225 N.W. 93 STREET</b>
CITY-ST-ZIP	<b>MIAMI LAKES FL</b>	3.4 CITY-ST-ZIP	<b>MIAMI, FL 33014</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CANO, GEORGE C.</b>	4.2 NAME	
STREET ADDRESS	<b>2150 W 68 ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>MD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANIELLO, JOSEPH A</b>	5.2 NAME	
STREET ADDRESS	<b>1411 NW 14TH AVE.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PETERSON, BARBARA</b>	6.2 NAME	
STREET ADDRESS	<b>100 SE 2ND ST #2500</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **01/12/96** Daytime Phone #: **305-325-1080**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Joseph A. Aniello, Ed.D.**

CR2E037 (12/95)