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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

UNITED CEHEBRAL PALSY ASSOCIATION OF MIAMI, INC.												
Principal Plac	ce of Busines	is	M	Mailing Address								
1411 NORTHWEST FOURTEENTH AVENUE 1411 NORTHWEST FOURTE MIAMI FL 33125 MIAMI FL 33125					TEENTH A	enth avenue			3. Date Incorporated or Qualified			
MINNI FE 3312	i <b>J</b>		MIA	1MI FL 33125					10/09/1959			
									4. FEI Number			Applied For
Principal Place of Business     2a. Mailing Address									59-0637822		<u>     </u>	Not Applicable
21			26	26					5- Certificate of Status Desired	À		5 Additional Required
Suite, Apt.	. #, etc.		27	Suite, Apt. #, etc.					Election Campaign Financing     Trust Fund Contribution	П		<b>0</b> May Be d to Fees
City & Stat	te		21	City & State				7. Is this nonprofit corporation a ho	menume			
23			28	28							X No	uon:
Zip	Country			<b>─</b> `		Country			8. This corporation owes or has pa	id the cu	rrent year	
24	0 No	25	29		30				Personal Property Tax due June		Yes	IX No
	9. Name	and Address of Curr	ent Regis	tered Agent		81	Name		10. Name and Address of New Re	gistered	Agent	<del></del>
ANIELLO	) INCEDE	Λ				Ш	Name					
ANIELLO, JOSEPH A 1411 N.W. 14 AVENUE					82 Street Add			Addres	ss (P.O. Box Number is Not Acceptab	ole)		
MAMI F		10L				83					<del>.</del>	
						84	City	<u></u>			<b>85</b> Zi	ip Code
11. Purcuant	to the provice	ions of Sections 617.06	EOO and E	17 1509 Florido Statu	too the c					FL	<b>.</b>	
office or r	registered aç	ent, or both, in the Sta	te of Florid	la. Such change was	authorize	d by	the cor	poration	ation submits this statement for the p n's board of directors. I hereby accep	ourpose of the app	r changing pointment a	g its registered as registered
	an lammar w	in, and accept the obii	gations of	, Section 617.0503, F	iorida Sta	itutes.	•					
SIGNATURE.	Signature, typed	or printed name of registered a	gent and title	f annicable (NO	YC Decision			- ,				
12.					re: negistere	ao Agen	nt signature	e required	when reinstating)	DATE		
		OFFICERS A	ND DIREC	TORS	13.	ac Agen	nt signature	erequired	when reinstating) ADDITIONS/CHANGES TO OFFICE		DIRECTO	ORS IN 12
TITLE	С		ND DIREC				nt signature	required			DIRECTO	
NAME	SCHILLI	NGER, JACK	ND DIREC	TORS	13.		nt signature	e required			_	
NAME STREET ADDRESS	SCHILLIN 1225 NE	NGER, JACK 93 STR	ND DIREC	TORS	13. 1.1 T 1.2 N	ITLE IAME	nt signature	erequired			_	
NAME STREET ADDRESS CITY-ST-ZIP	SCHILLIN 1225 NE MIAMI FI	NGER, JACK 93 STR	ND DIREC	CTORS  DELETE	13. 1.1 I 1.2 N 1.3 S 1.4 C	ITLE IAME STREET A	ADORESS	e required			Change	e Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCHILLII 1225 NE MIAMI FI SD RANGEL 25 W. FI MIAMI FI	NGER, JACK 93 STR L , RICHARD , AGLER ST.	ND DIREC	DELETE	13. 1.17 1.2M 1.3 S 1.4 C 2.1 T 2.2 M 2.3 S 2.4 C	ITLE HAME STREET A STY-ST ITLE HAME STREET A	ADDRESS 1-ZIP ADDRESS	Perluper e			Change	e Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SCHILLII 1225 NE MIAMI FI SD RANGEL 25 W. FI MIAMI FI VD SCHILLII 1225 N.E MIAMI FI PD SPIVAK, 7290 KIN DELARY MD ANIELLO	NGER, JACK 93 STR RICHARD AGLER ST. SGER, MARJORIE 93RD ST. RUTH IGHERST DRIVE, AP BEACH FL		DELETE  DELETE  DELETE	13. 1.1T 12N 1.3S 1.4C 2.1T 2.2N 2.3S 2.4C 3.1T 3.2N 3.3S 3.4.C 4.1T 4.2P 4.3S 4.4C 5.1T 5.2N	ITLE IAME ITREET / ITLE IAME ITREET / ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITLE	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS -ZIP	Clo Spin Desi Phol	VAK, RUTH 70 KINGHERST DR., P RAY BLACK, FL	ERS AND	☐ Change ☐ Change ☐ Change ☐ Change	e Addition  e Addition  e Addition
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

**CEQUIRED** 

1-20-91

**FILED** 

Feb 06 1998 8:00am

Secretary of State