

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sarah B. Morfitt  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **705467** (9)  
1. Corporation Name:  
**CEREBRAL PALSY OF JACKSONVILLE**

APPROVED AND FILED  
95 MAY - 1 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **3311 BEACH BLVD JACKSONVILLE FL 32207**  
Mailing Address: **3311 BEACH BLVD JACKSONVILLE FL 32207**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/28/1959</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-0718304</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contributor <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent  
**TANNER, DORCAS G  
3311 BEACH BLVD  
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent 81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>CD CLARK, PAUL M JR 1725 LISA AVE. FERNANDINA BEACH FL 32034</b>
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>CEO TANNER, DORCAS G 3311 BEACH BLVD JACKSONVILLE, FL 00000</b>
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>SD PHILLIPS, REBECCA 11533 SEDGEMORE DR. S. JACKSONVILLE FL 32223-1370</b>
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>VCD NELSON, JANICE R 12929 JUPITER HILLS CIRCLE S. JACKSONVILLE FL 32202-3105</b>
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>VPT CARSWELL, DEBORA M 4403 SHERWOOD RD. S CT JACKSONVILLE FL 32210-5834</b>
TITLE NAME STREET ADDRESS CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP	<b>D/C NELSON, JANICE R. 12929 Jupiter Hills Circle S. Jacksonville, FL 32202-3105</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	<b>P/D TANNER, DORCAS G. 4035 Boone Park Avenue Jacksonville, FL 32205</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP	<b>S/D DUVALL, JOHN E. 5039 Timuquana Road, #40 Jacksonville, FL 32210</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP	<b>VC/D CARSWELL, DEBORA M. 4403 Sherwood Road Jacksonville, FL 32210-5834</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP	<b>T/D HAY, JONATHAN L. 115 Solano Woods Drive Ponte Vedra Beach, FL 32082</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 in an attachment with an address.

SIGNATURE: *Dorcias G. Tanner* **Dorcias G. Tanner** 04/24/95 904-396-1462  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR