FILE NOW: FILING FEE IS $61.25

FILED
May 13 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 # **705467** **(9)**

1. Corporation Name

CEREBRAL PALSY OF NORTHEAST FLORIDA, INC.

Principal Place of Business	Mailing Address
3311 BEACH BLVD JACKSONVILLE FL 32207	3311 BEACH BLVD JACKSONVILLE FL 32207-3704

3. Date Incorporated or Qualified: **12/28/1959**
3a. Date of Last Report: **05/01/1996**

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

4. FEI Number: **59-0718304** ☐ Applied For ☐ Not Applicable

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

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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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	DC	☒ DELETE	1.1 TITLE	VDC	☐ Change ☒ Addition
NAME	NELSON, JANICE R.		1.2 NAME	Hurst, Gerald F.	
STREET ADDRESS	12929 JUPITER HILLS CIRCLE S		1.3 STREET ADDRESS	1700 Jork Road	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville, FL	
TITLE	PD	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	TANNER, DORCAS G.		2.2 NAME	Tanner, Dorcas G.	
STREET ADDRESS	4035 BOONE PARK AVENUE		2.3 STREET ADDRESS	4242-16 Ortega Boulevard	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		2.4 CITY-ST-ZIP	Jacksonville, FL	
TITLE	SD	☐ DELETE	3.1 TITLE	DC	☒ Change ☐ Addition
NAME	DUVALL, JOHN E.		3.2 NAME	Duvall, John E.	
STREET ADDRESS	5039 TIMUQUANA ROAD, #40		3.3 STREET ADDRESS	5039 Timuquana Road, #40	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Jacksonville, FL	
TITLE	VCD	☒ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	CARSWELL, DEBORA M.		4.2 NAME	Shanks, Daniel E.	
STREET ADDRESS	4403 SHERWOOD ROAD		4.3 STREET ADDRESS	3276 Hidden Lake Drive	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	Jacksonville, FL	
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HAY, JONATHAN L.		5.2 NAME		
STREET ADDRESS	115 SOLANO WOODS DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VERDRA BEACH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Dorcas G Tanner REQUIRED — 04/30/97 — 904-396-4462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #0004900