

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90056 041 ****61.25

DOCUMENT # 705467

1. Corporation Name

CEREBRAL PALSY OF NORTHEAST FLORIDA, INC.

Principal Place of Business

3311 BEACH BLVD
JACKSONVILLE FL 32207

Mailing Address

3311 BEACH BLVD
JACKSONVILLE FL 32207



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

12/28/1959

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

9. Name and Address of Current Registered Agent

SMITH, HULSEY & BUSEY
1800 FIRST UNION NATIONAL BANK
225 WATER STREET
JACKSONVILLE FL 32202

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

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **ROSS, BRENT D**
CITY-ST-ZIP **4153 TORINO PLACE**
JACKSONVILLE FL

TITLE ☐ DELETE
NAME **DC**
STREET ADDRESS **DUVALL, JOHN E.**
CITY-ST-ZIP **121 WEST FORSYTH STREET, SUITE 1000**
JACKSONVILLE FL

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **SHANKS, DANIEL E**
CITY-ST-ZIP **3276 HIDDEN LAKE DR**
JACKSONVILLE FL

TITLE ☐ DELETE
NAME **VDC**
STREET ADDRESS **HAY, JONATHAN L.**
CITY-ST-ZIP **115 SOLANO WOODS DRIVE**
PONTE VERDRA BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D

CD

D

VCD

HURST, GERALD F.

1550 HENDRICKS AVENUE
JACKSONVILLE, FLORIDA 32207

SD

POWER, JR., GERALD R.
200 WEST FORSYTH STREET

JACKSONVILLE, FLORIDA 32202

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, with all other like empowered.

SIGNATURE: *Daniel Shanks* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-99

CR2E037 (11/98)