

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2004
Secretary of State**

DOCUMENT# 705467

Entity Name: CEREBRAL PALSY OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

3311 BEACH BLVD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

3311 BEACH BLVD
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-0718304 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: ROSS, BRENT D
Address: 4153 TORINO PLACE
City-St-Zip: JACKSONVILLE, FL

Title: P () Delete
Name: PETERS, HOLLY
Address: 2466 SEDGWICK PL
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: SHANKS, DANIEL E
Address: 3276 HIDDEN LAKE DR
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: NASSEA, SANDRA
Address: 299 S. ROSCOR RD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DS () Delete
Name: STUTTS, MARY
Address: 1709 LEEWARD LANE
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: T () Delete
Name: SHARGAS, DANIEL
Address: 8228 VIAGO ST
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SHANKS, DANIEL E M.D.
Address: 807 NIRA ST
City-St-Zip: JACKSONVILLE, FL 32007

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: SHARGAS, DANIEL
Address: 8228 VIAGO ST
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOLLY C PETERS

P

04/26/2004

Electronic Signature of Signing Officer or Director

Date