

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705467

FILED
Apr 30, 2007
Secretary of State

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 ()

Name and Address of Current Registered Agent:

SMITH, HULSEY & BUSEY
WACHOVIA 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: D () Delete
Name: ROSS, BRENT D
Address: 4153 TORINO PLACE
City-St-Zip: JACKSONVILLE, FL 32204

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

Title: DS () Delete
Name: BOYD, JANIE
Address: 1938 HAMILTON STREET
City-St-Zip: JACKSONVILLE, FL 32210

Title: VCD () Delete
Name: FISHBURNE III, JOHN I
Address: 1548 LANCASTER TERRACE
City-St-Zip: JACKSONVILLE, FL 32204

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

Title: DT () Delete
Name: DUSENBURY, SUSAN
Address: 4415 MCGIRTS BLVD
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VCS (X) Change () Addition
Name: AKERS, JAMES E
Address: 8629 ROYALWOOD DR
City-St-Zip: JACKSONVILLE, FL 32256

Title: CD (X) Change () Addition
Name: FISHBURNE III, JOHN I
Address: 1548 LANCASTER TERRACE
City-St-Zip: JACKSONVILLE, FL 32204

Title: D (X) Change () Addition
Name: STUTTS, MARY
Address: 1709 LEEWARD LANE
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: D (X) Change () Addition
Name: DOSTALER, PAT
Address: 245 RIVERSIDE AVE STE 100
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date