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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **705469** **(5)**

1. Corporation Name
UNITED CEREBRAL PALSY OF FLORIDA, INC.

Principal Place of Business
2003 APALACHEE PKWY.
SUITE 175
TALLAHASSEE FL 32301-4800
US

Mailing Address
2003 APALACHEE PKWY.
SUITE 175
TALLAHASSEE FL 32301-4800
US

3. Date Incorporated or Qualified: 05/17/1976
3a. Date of Last Report: 02/28/1996

2. Principal Place of Business
21 2475 APALACHEE PKWY
Suite, Apt. #, etc.
22 SUITE 205
City & State
23 TALLAHASSEE, FL
Zip 24 32301-4946 Country 25 USA

2a. Mailing Address
26 2475 APALACHEE PKWY
Suite, Apt. #, etc.
27 SUITE 205
City & State
28 TALLAHASSEE, FL
Zip 29 32301-4946 Country 30 USA

4. FEI Number: 59-0714817 ☐ 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
PETERSON, BARBARA
9801 SW 157TH TERRACE
MIAMI FL 33157

10. Name and Address of New Registered Agent
B1 Name: Bill Moody
B2 Street Address (P.O. Box Number is Not Acceptable): 2806 Canal Drive
B3
B4 City: Panama City FL B5 Zip Code: 32405

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: (X) [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	VD	☑ DELETE	1.1 TITLE	Vice President (VD)	☑ Change ☑ Addition
NAME	MODDY, BILL		1.2 NAME	Bud Brewer	
STREET ADDRESS	2806 CANAL DRIVE		1.3 STREET ADDRESS	Clomassey Services Inc	
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY-ST-ZIP	1051 Winderly Place, Maitland, FL 32751	
TITLE	VD	☑ DELETE	2.1 TITLE	Secretary (SD)	☑ Change ☑ Addition
NAME	SLAVIS, PETER		2.2 NAME	John Maynard	
STREET ADDRESS	200 E BROWARD BLVD.		2.3 STREET ADDRESS	Raymond James Trust	
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP	One Progress Plaza, Suite 150 Tampa, FL 33701	
TITLE	PD	☑ DELETE	3.1 TITLE	President (PD)	☑ Change ☑ Addition
NAME	PETERSON, BARBARA		3.2 NAME	Bill Moody	
STREET ADDRESS	9801 SW 157TH TERRACE		3.3 STREET ADDRESS	2806 Canal Drive	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Panama City, FL 32405	
TITLE	SD	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GARRITY, BILL		4.2 NAME		
STREET ADDRESS	6053 LEXINGTON PARK		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE	Treasurer (TD)	☑ Change ☐ Addition
NAME	WHITTEMORE, DONALD L.		5.2 NAME	Donald L. Whittemore, Jr.	
STREET ADDRESS	316 SOUTH BAYLEN		5.3 STREET ADDRESS	6550 Terra Santa	
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-ST-ZIP	Pensacola, FL 32504-7880	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	100002228651	
STREET ADDRESS			6.3 STREET ADDRESS	-07/02/97--01032--013	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***61.25	

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: [signature]

CR2E037 (9/96)