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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **705469** (5)

1. Corporation Name

UNITED CEREBRAL PALSY OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**2475 APALACHEE PKWY.
SUITE 205
TALLAHASSEE FL 32301-4946
US**

**2475 APALACHEE PKWY.
SUITE 205
TALLAHASSEE FL 32301-4946
US**

3. Date Incorporated or Qualified

05/17/1976

4. FEI Number

59-0714817

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

25
Country

28
Zip

30
Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOODY, BILL
2806 CANAL DRIVE
PANAMA CITY FL 32405**

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 not under any legal obligation to accept this appointment.

SIGNATURE

[Signature]

N/A

(SAME AS BEFORE)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☒ DELETE
NAME **BREWER, BUD**
STREET ADDRESS **1051 WINDERLY PLACE**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **SD** ☐ DELETE
NAME **MAYNARD, JOHN**
STREET ADDRESS **ONE PROGRESS PLAZA**
CITY-ST-ZIP **TAMPA FL 33701**

TITLE **PD** ☐ DELETE
NAME **MOODY, BILL**
STREET ADDRESS **2806 CANAL DRIVE**
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **TD** ☐ DELETE
NAME **WHITTEMORE, DONALD L.**
STREET ADDRESS **6550 TERRA SANTA**
CITY-ST-ZIP **PENSACOLA FL 32504-7880**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **VD** ☒ Change ☐ Addition
1.2 NAME **Wetherington, Gloria**
1.3 STREET ADDRESS **3320 NE 18TH AVE**
1.4 CITY-ST-ZIP **OAKLAND PARK, FL 33206**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

[Signature]

2/19/98

(850) 878-2141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)