

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 90198 045 ****61.25

DOCUMENT # 705469

1. Corporation Name

UNITED CEREBRAL PALSY OF FLORIDA, INC.

Principal Place of Business

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

Mailing Address

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



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

05/17/1976

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

9. Name and Address of Current Registered Agent

MOODY, BILL
2806 CANAL DRIVE
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent

81 Name **Gloria Wetherington**
82 Street Address (P.O. Box Number is Not Acceptable)
3320 NE 18th Terrace
83
84 City **Oakland Park** FL 85 Zip Code **33306**

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

Gloria Wetherington

DATE

4/28/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **VD WETHERINGTON, GLORIA**
STREET ADDRESS **3320 NE 18TH TERR**
CITY-ST-ZIP **OAKLAND PARK FL 33306**

TITLE ☒ DELETE

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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

NAME **TD WHITEMORE, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **VD VACANT**

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **SD MARJORIE Schilling**
2.3 STREET ADDRESS **1225 NE 93rd Street**
2.4 CITY-ST-ZIP **MIAMI Shores, FL 33318**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **PD Gloria Wetherington**
3.3 STREET ADDRESS **3320 NE 18th Terrace**
3.4 CITY-ST-ZIP **Oakland Park, FL 33306**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **VACANT**

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, with all other like empowered.

SIGNATURE:

Gloria Wetherington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/99 954
563-1031

CR2E037 (11/98)