


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90015 012 ****61.25

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| DOCUMENT # 705469 | |  |
| 1. Entity Name UNITED CEREBRAL PALSY OF FLORIDA, INC. | | |

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| Principal Place of Business 1830 BUFORD COURT TALLAHASSEE, FL 32308 US | Mailing Address 1830 BUFORD COURT TALLAHASSEE, FL 32308 US |
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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



02182008 Chg-NP CR2E037 (12/06)

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|---|--|--|
| 4. FEI Number 59-0714817 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent WETHERINGTON, GLORIA 3320 NE 18TH TERRACE OAKLAND PARK, FL 33306 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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|---|---|------------------------------------|--|
| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|---|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SCHILLINGER, MARJORIE 1225 NE 93RD ST MIAMI, FL 33318 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Deceased 12/2007 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WETHERINGTON, GLORIA 3320 NE 18TH TERRACE OAKLAND PARK, FL 33306 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SHILLINGER, JACK 1225 NE 93RD ST MIAMI, FL 33318 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **2/25/08** **954-563-1031**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #