

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705469

FILED
Feb 26, 2009
Secretary of State

Entity Name: UNITED CEREBRAL PALSY OF FLORIDA, INC.

Current Principal Place of Business:

1830 BUFORD COURT
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

1830 BUFORD COURT
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 59-0714817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WETHERINGTON, GLORIA
3320 NE 18TH TERRACE
OAKLAND PARK, FL 33306 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: PD () Delete
Name: WETHERINGTON, GLORIA
Address: 3320 NE 18TH TERRACE
City-St-Zip: OAKLAND PARK, FL 33306

Title: T () Delete
Name: SHILLINGER, JACK
Address: 1225 NE 93RD ST
City-St-Zip: MIAMI, FL 33318

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: GLORIA A. WETHERINGTON

PRES

02/26/2009

Electronic Signature of Signing Officer or Director

Date