

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 705469

**FILED**  
**Mar 21, 2011**  
**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  
Name: WETHERINGTON, GLORIA  
Address: 3320 NE 18TH TERRACE  
City-St-Zip: OAKLAND PARK, FL 33306

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

I hereby 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 all other like empowered.

SIGNATURE: GLORIA WETHERINGTON

PD

03/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date