

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707578 (1)
1. Corporation Name
UNITED CEREBRAL PALSY OF CENTRAL FLORIDA, INC.



Principal Place of Business: **930 SOUTH ORANGE AVE. ORLANDO FL 32806-8297**
Mailing Address: **33 E ROBINSON ST #103 ORLANDO FL 32801 US**

3. Date Incorporated or Qualified: **07/13/1964**
3a. Date of Last Report: **10/18/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-0799925	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	28	29
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip	Country	25	30
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
GARRITY, BILL 6053 LEXINGTON PARK ORLANDO FL 32819		#1 Name	Finnegan, Richard		
		#2 Street Address (P.O. Box Number is Not Acceptable)	SunTrust Bank		
		#3	200 S. Orange Avenue		
		#4 City	Orlando	FL	#5 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4-25-96**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREWER, BUD	1.2 NAME	Brewer, Bud
STREET ADDRESS	2634 STALEY CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, ANNETTE	2.2 NAME	Finnegan, Richard
STREET ADDRESS	1720 SHEARWATER PT #105	2.3 STREET ADDRESS	SunTrust Bank, 200 S. Orange Ave.
CITY-ST-ZIP	CASSELLBERRY FL	2.4 CITY-ST-ZIP	Orlando, FL 32802
TITLE	CD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'QUINN, MICHAEL A.	3.2 NAME	Williamson, David
STREET ADDRESS	269 SAUVADOR SQ	3.3 STREET ADDRESS	3368 Bartlett Blvd.
CITY-ST-ZIP	WINTER PARK FL 32819	3.4 CITY-ST-ZIP	Orlando, FL 32811
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARRITY, BILL	4.2 NAME	Devlin, Jr., Francis X.
STREET ADDRESS	6053 LEXINGTON PARK	4.3 STREET ADDRESS	2674 Dixie Lane
CITY-ST-ZIP	ORLANDO, FL 00000	4.4 CITY-ST-ZIP	Kissimmee, FL 34744
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASORIA, ED	5.2 NAME	
STREET ADDRESS	2408 ROB LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TSCHOPP, TOM	6.2 NAME	Hoag, Daniel
STREET ADDRESS	127 VARIETY TREE CIR	6.3 STREET ADDRESS	Sentinel, 633 N. Orange Ave.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	6.4 CITY-ST-ZIP	Orlando, FL 32801

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]* DATE: **4-25-96** (40) DISTRICT PHONE #: **237-4607**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)