

FILE NOW: FILING FEE IS \$61.25

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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **707578** (1)
1. Corporation Name
UNITED CEREBRAL PALSY OF CENTRAL FLORIDA, INC.

Principal Place of Business 930 SOUTH ORANGE AVE. ORLANDO FL 32806-6297	Mailing Address 33 E ROBINSON ST #103 ORLANDO FL 32801-1683 US
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3. Date Incorporated or Qualified 07/13/1964	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-0799925	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
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

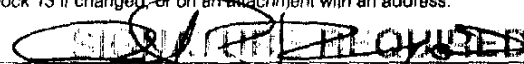
9. Name and Address of Current Registered Agent FINNEGAN, RICHARD SUNTRUST BANK 200 S. ORANGE AVENUE ORLANDO FL 32802	10. Name and Address of New Registered Agent 81 Name Finnegan, Richard 82 Street Address (P.O. Box Number is Not Acceptable) 6104 Sunnyvale Drive 83 84 City Orlando, FL 85 Zip Code 32822
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD BREWER, BUD 2634 STALEY CT ORLANDO FL ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FINNEGAN, RICHARD SUNTRUST BANK, 200 S. ORANGE AVE. ORLANDO FL ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WILLIAMSON, DAVID 3368 BARTLETT BLVD. ORLANDO FL ☒ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DEVLIN, FRANCIS X JR. 2674 DIXIE LANE KISSIMEE FL ☒ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CASORIA, ED 2408 ROB LANE ORLANDO FL ☒ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HOAG, DANIEL SENTINEL, 633 N. ORANGE AVE. ORLANDO FL ☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ Addition
		SD Dan Tarczynski 200 E. Robinson St, Suite 300 Orlando, FL 32817	☐ Change ☒ Addition
		TD Todd Flemming 1821 Verde Way Orlando, FL 32835	☐ Change ☒ Addition
		VD Maureen Brockman 1315 Waterwitch Cove Orlando, FL 32806	☐ Change ☒ Addition

14. I do 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.

SIGNATURE:  4/21/97 407 2253923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0015839

CR2E037 (9/96)