

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 32806-8297	Mailing Address 33 E ROBINSON ST #103 ORLANDO FL 32801 US
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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
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3. Date Incorporated or Qualified 07/13/1964
4. FEI Number 59-0799925
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent FINNEGAN, RICHARD 6104 SUNNYVALE DR ORLANDO FL 32822
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10. Name and Address of New Registered Agent 81 Name Maureen Brockman 82 Street Address (P.O. Box Number is Not Acceptable) 1315 Waterwitch Cove Circle 83 84 City Orlando FL 85 Zip Code 32806
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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 *Maureen M. Brockman* DATE **5/4/98**

12. OFFICERS AND DIRECTORS	
TITLE	CD ☒ DELETE
NAME	BREWER, BUD
STREET ADDRESS	2634 STALEY CT
CITY-ST-ZIP	ORLANDO FL
TITLE	PD ☐ DELETE
NAME	FINNEGAN, RICHARD
STREET ADDRESS	SUNTRUST BANK, 200 S. ORANGE AVE.
CITY-ST-ZIP	ORLANDO FL
TITLE	SD ☐ DELETE
NAME	TARCZYNSKI, DAN
STREET ADDRESS	200 E ROBINSON ST SUITE 300
CITY-ST-ZIP	ORLANDO FL
TITLE	TD ☐ DELETE
NAME	FLEMMING, TODD
STREET ADDRESS	1821 VERDE WAY
CITY-ST-ZIP	ORLANDO FL
TITLE	VD ☐ DELETE
NAME	BROCKMAN, MAUREEN
STREET ADDRESS	1315 WATERWATCH COVE
CITY-ST-ZIP	ORLANDO FL
TITLE	VD ☐ DELETE
NAME	HOAG, DANIEL
STREET ADDRESS	SENTINEL, 633 N. ORANGE AVE.
CITY-ST-ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	S/D ☐ Change ☒ Addition
1.2 NAME	Wettach, Jr., John
1.3 STREET ADDRESS	215 N. Nola Drive
1.4 CITY-ST-ZIP	Orlando, FL 32802
2.1 TITLE	D ☒ Change ☐ Addition
2.2 NAME	Finnegan, Richard
2.3 STREET ADDRESS	6104 Sunnyvale Drive
2.4 CITY-ST-ZIP	Orlando, FL 32822
3.1 TITLE	V/D ☒ Change ☐ Addition
3.2 NAME	Tarczynski, Dan
3.3 STREET ADDRESS	200 E. Robinson St., Suite 300
3.4 CITY-ST-ZIP	Orlando, FL 32801
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	C/D ☒ Change ☐ Addition
5.2 NAME	Brockman, Maureen
5.3 STREET ADDRESS	1315 Waterwitch Cove Circle
5.4 CITY-ST-ZIP	Orlando, FL 32806
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Maureen M. Brockman* **4/21/98** **(407) 422-7159**

CR2E037 (10/97)