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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **707578**

1. Corporation Name
UNITED CEREBRAL PALSY OF CENTRAL FLORIDA, INC.

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/13/1964
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0799925 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BROCKMAN, MAUREEN
1315 WATERWITCH COVE CIRCLE
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 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 Maureen M. Brockman Chairman of the Board 1/28/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WETTACH, JOHN J		1.2 NAME		
STREET ADDRESS	215 N COLA DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32802		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FINNEGAN, RICHARD		2.2 NAME		
STREET ADDRESS	6104 SUNNYVALE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32822		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TARCZYNSKI, DAN		3.2 NAME		
STREET ADDRESS	200 E ROBINSON ST SUITE 300		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FLEMMING, TODD		4.2 NAME		
STREET ADDRESS	1821 VERDE WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BROCKMAN, MAUREEN		5.2 NAME		
STREET ADDRESS	1315 WATERWITCH COVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32806		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HOAG, DANIEL		6.2 NAME		
STREET ADDRESS	SENTINEL, 633 N. ORANGE AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Maureen M. Brockman REQUIRED Maureen Brockman 1/28/99 (407)422-7159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #