

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90024 039 ****61.25

DOCUMENT # 707578

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



Principal Place of Business
3305 S ORANGE AVENUE
ORLANDO, FL 32806

Mailing Address
3305 S ORANGE AVENUE
ORLANDO, FL 32806 US

54064112

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06282004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-0799925

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TARCZYNSKI, DAN
200 E. ROBINSON ST, STE 300
ORLANDO, FL 32801

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Delete
NAME MEADORS, MIKE
STREET ADDRESS 35 SKYLINE DR
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME ALLEN, BOB
STREET ADDRESS 9222 CHARLES LIMPUS ROAD
CITY-ST-ZIP ORLANDO, FL 32836

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME COOK, CHARLES
STREET ADDRESS 3300 N WESTMORELAND
CITY-ST-ZIP ORLANDO, FL 32804

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CD ☐ Delete
NAME TARCZYNSKI, DAN
STREET ADDRESS 200 E. ROBINSON ST.
CITY-ST-ZIP ORLANDO, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME SAXTON, BRAD
STREET ADDRESS 2516 SHEWSBURY ROAD
CITY-ST-ZIP ORLANDO, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME WILKINS, ILENE
STREET ADDRESS 3305 S ORANGE AVE
CITY-ST-ZIP ORLANDO, FL 32806

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dan E. Wilkins

7-14-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #