

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707578

FILED
Apr 25, 2005
Secretary of State

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

Current Principal Place of Business:

3305 S ORANGE AVENUE
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

3305 S ORANGE AVENUE
ORLANDO, FL 32806 US

New Mailing Address:

FEI Number: 59-0799925

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ALLEN, ROBERT
3305 S. ORANGE AVENUE
ORLANDO, FL 32806 US

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.

SIGNATURE: ROBERT ALLEN

04/25/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: MEADORS, MIKE
Address: 35 SKYLINE DR
City-St-Zip: LAKE MARY, FL 32746

Title: VD () Delete
Name: ALLEN, BOB
Address: 9222 CHARLES LIMPUS ROAD
City-St-Zip: ORLANDO, FL 32836

Title: VD () Delete
Name: COOK, CHARLES
Address: 3300 N WESTMORELAND
City-St-Zip: ORLANDO, FL 32804

Title: CD () Delete
Name: TARCZYNSKI, DAN
Address: 200 E. ROBINSON ST.
City-St-Zip: ORLANDO, FL

Title: TD () Delete
Name: SAXTON, BRAD
Address: 2516 SHEWSBURY ROAD
City-St-Zip: ORLANDO, FL

Title: P () Delete
Name: WILKINS, ILENE
Address: 3305 S ORANGE AVE
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: LORD, CAROLYN
Address: 1672 JOELINE COURT
City-St-Zip: ORLANDO, FL 32789

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: WISTH, JILL
Address: 7831 CANYON LAKE CIRCLE
City-St-Zip: ORLANDO, FL 32835

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ILENE E. WILKINS

CEO

04/25/2005

Electronic Signature of Signing Officer or Director

Date