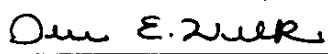


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90003 036 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0799925	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ALLEN, ROBERT 3305 S. ORANGE AVENUE ORLANDO, FL 32806			7. Name and Address of New Registered Agent Name CAROLYN LORD Street Address (P.O. Box Number is Not Acceptable) 1672 JOELINE COURT City ORLANDO FL Zip Code 32789		
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	SD MEADORS, MIKE 35 SKYLINE DR LAKE MARY, FL 32746	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LORD, CAROLYN 1672 JOELINE COURT ORLANDO, FL 32789	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COOK, CHARLES 3300 N WESTMORELAND ORLANDO, FL 32804	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TARCZYNSKI, DAN 200 E. ROBINSON ST. ORLANDO, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WISTH, JILL 7831 CANYON LAKE CIRCLE ORLANDO, FL 32835	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. WILKINS, ILENE 3305 S ORANGE AVE ORLANDO, FL 32806	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD CHAIRMAN ☒ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					