2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# 707578

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:

WILKENS, ILENE
3305 S. ORANGE AVE.
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

Title: CB ( ) Delete
Name: LAFFERMAN, KELLY
Address: 9350 CONROY WINDERMERE ROAD
City-St-Zip: WINDERMERE, FL 34786

Title: VC ( ) Delete
Name: HEADRICK, NATHAN
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: SEC ( ) Delete
Name: ARMSTRONG, LESLIE
Address: 200 S. ORANGE AVENUE, STE 2600
City-St-Zip: ORLANDO, FL 32801

Title: TREA ( ) Delete
Name: GRZESZCZAK, CHRIS
Address: 5900 LAKE ELLENOR DRIVE
City-St-Zip: ORLANDO, FL 32859

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JILL WISTH CFO 01/19/2009

Electronic Signature of Signing Officer or Director — Date