

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707578

FILED
Jan 04, 2011
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:

WILKINS, 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
Name: MEADORS, MIKE
Address: 35 SKYLINE DR
City-St-Zip: LAKE MARY, FL 32746

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

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

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

Title: TREA
Name: BROWN, PAUL
Address: 1098 HENLEY DOWNS PLACE
City-St-Zip: LAKE MARY, FL 32746

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

I hereby 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 all other like empowered.

SIGNATURE: JILL WISTH

CFO

01/04/2011

Electronic Signature of Signing Officer or Director

Date