


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 17 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **711630** (4)

1. Corporation Name

**CEREBRAL PALSY ADULT HOME, INCORPORATED**

Principal Place of Business

Mailing Address

**1405 NORTHWEST 10TH STREET  
DANIA FL 33004**

**1405 NORTHWEST 10TH STREET  
DANIA FL 33004-2342**



3. Date Incorporated or Qualified  
**10/14/1966**

3a. Date of Last Report  
**04/04/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

**59-1161328**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SINDIC, FLORENCE  
250 SE 8TH TERRACE  
DEERFIELD BEACH FL 33441**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☐ DELETE  
NAME **INGALLS, BRIAN E.**  
STREET ADDRESS **1901 WEST CYPRESS CREEK RD., SUITE 415**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE **PD** ☐ DELETE  
NAME **HASIS, TALLE**  
STREET ADDRESS **4081 N. FEDERAL HIGHWAY**  
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **STD** ☐ DELETE  
NAME **SINDIC, FLORENCE**  
STREET ADDRESS **250 S.E. 8TH TERR.**  
CITY-ST-ZIP **DEERFIELD BCH. FL**

TITLE **RS** ☐ DELETE  
NAME **SHERK, JUDY**  
STREET ADDRESS **2425 S W 8TH COURT**  
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **VD** ☐ DELETE  
NAME **LLOYD, ROBERT**  
STREET ADDRESS **1373 S.W. 28TH AVE.**  
CITY-ST-ZIP **DEERFIELD BCH., FL 33442**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*[Signature]*

2-28-97

CR2E037 (9/96)