1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 711630**

1. Corporation Name

## CEREBRAL PALSY ADULT HOME, INCORPORATED

Principal Place of Business

Mailing Address

1405 NORTHWEST 10TH STREET DANIA FL 33004

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## **FILED** Mar 17, 1999 8:00 am Secretary of State

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2. Principal I	Place of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 10/14/1966					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For				
22		27		<b>59-</b> 1161328	Not Applicable				
City & State		City & State	<del></del>	5. Certificate of Status Desired	\$8.75 Additional				
23		28		5. Certifcate of Status Desired	Fee Required				
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be				
24	25	29 3	0	Trust Fund Contribution	Added to Fees				
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	red Agent				
			81 Name		+				
SINDIC F	FLORENCE		82 Street Ad	Idress (P.O. Box Number is Not Acceptable)					
	TH TERRACE		490		Je				
	LD BEACH FL 33441		83		. '`]				
	D DENOTTE COTT		84 05-		85 Zip Code				
			84 City	t Lauderdale.	FL 85 Zip Code 333/2.				
11. Pursuan	t to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	the above-named co	progration submits this statement for the purpose	e of changing its registered				
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									
<u> </u>	Signature, typed or printed name of registered agent		legistered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS					
12.	OFFICERS AND	D DIRECTORS	13.	ADDITIONS/BILANCES TO GIT TOERC	☐ Change ☐ Addition				
TITLE	VD	- Detter	•						
NAME	INGALLS, BRIAN E.		1.2 NAME						
STREET ADDRESS			1.3 STREET ADDRESS						
CITY-ST-ZIP	POMPANO BEACH FL 33442	TT DELETT	1.4 CITY-ST-ZIP	TO THE REAL PROPERTY OF THE PARTY OF THE PAR	☐ Change ☐ Addition				
TITLE	PD	DELETE	2.1 TITLE	President	( Charge Linearon				
NAME	HASIS, TALLE			Robert Lloyd 373 S.W. 28th Avenue	<b>.</b> .				
STREET ADDRES				373 S.W. again thence	2 22 111 2				
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		2.4 CITY-ST-ZIP	Deerfield Dooch, ML	Change ☐ Addition				
TITLE	STD	□ DELETE	3.1 TITLE		E Charige ☐ Audition				
NAME	SINDIC, FLORENCE		3.2 NAME	and onthe	1				
STREET ADDRES			3.3 STREET ADDRESS	1900 S.W. 29 11 Hu	ne;				
CITY-ST-ZIP	DEERFIELD BCH. FL		3.4. CITY-ST-ZIP	rt. LauderOale, I-L	333)2				
TITLE	RS	☐ DELETE	4.1 TITLE		Change Addition				
NAME	SHERK, JUDY		4. 2 NAME						
STREET ADDRES	s 2425 S W 8TH COURT		4.3 STREET ADDRESS						
CITY-ST-ZIP	POMPANO BEACH FL		4.4 CITY-ST-ZIP						
TITLE	VD	☐ DELETE		President					
NAME	LLOYD, ROBERT		5.2 NAME						
STREET ADDRES			5.3 STREET ADDRESS						
CITY-ST-ZIP	DEERFIELD BCH., FL 33442	,	5.4 CITY-ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition				
NAME			6.2 NAME						
STREET ADDRES	s		6.3 STREET ADORESS						

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE REQUESTION
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR