2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2005 8:00 am Secretary of State 04-11-2005 90193 043 ****70.00

Maining Address Maining Ad	DOCUMENT # 711630 1. Entity Name CEREBRAL PALSY ADULT HOME, INCORPORATED									V-1	11-2003)	0125	15 /	0.00
Suite, App. 4, etc. Suite, App. 4, etc. Suite, App. 4, etc. Q4052005 Chg-NP CR2E037 (10/03) Chy & State City & State S-P-1161328 Applied For S-P-1161328 Not Applied For S-P-1161328 Not Applied For S-P-1161328 Not Applied For S-P-1161328 Security S-P-1161328 Not Applied For S-P-1161328 Security	1405 NORTHWEST 10TH STREET 1001 NE 3RD AVE													_
City & State	2. Principal P	lace of Busir	ness	3. Mait	ing Address			.,						
Special Country Sip Coun	Suite, Apt.	#, etc.		Su	Suite, Apt. #, etc.				04052005	Ch	g-NP	CR2E	037 (10/03))
S. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent 7. Name and Address of Name Registered Agent 8. The above named entry submits this statement for the purpose of changing its registered agent. Or both, in the State of Piorica. Tem familiar with, and accept the chigations of registered agent. Or both, in the State of Piorica. Tem familiar with, and accept the chigations of registered agent. Or both, in the State of Piorica. Tem familiar with, and accept the chigations of registered agent. Or both, in the State of Piorica. Tem familiar with, and accept the chigations of registered agent. Or both, in the State of Piorica. Tem familiar with, and accept the chigations of registered agent. Or both, in the State of Piorica. Tem familiar with, and accept the chigations of registered agent. Or both, in the State of Piorica. Tem familiar with, and accept the chigations of registered agent. Or both, in the State of Piorica. Tem familiar with, and accept the chigations of registered agent. Or both, in the State of Piorica. Tem familiar with, and accept the chigations of registered agent. Or both, in the State of Piorica. Tem familiar with, and accept the chigations of registered agent. Or both, in the State of Piorica. Tem familiar with, and accept the chigations of registered agent. Or both, in the State of Piorica. Tem familiar with, and accept the chigations of registered agent. Or both, in the State of Piorica. Tem familiar with, and accept the Chigations of Registered Agent agents. Or both in the State of Piorica. Tem familiar with a chigation with a chiga	City & Stat	e	-	Cit	City & State						 8			
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B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Fordia. I am farralian with, and accept the obligations of registered agent. SIGNATURE SUBMATURE SUBMATUR	1931 NE 27TH STREET													
SIGNATURE Signature topic or private name of implanted agent and the 1 deplicable. (NOTE Registered Agent signature required when instituting) DATE					<u> </u>								L	
Signature Sign				for the purp	ose of changing its i	egistere	ed office or	r register	ed agent, or b	ooth, in	the State of Fi	korida. Ian	n familiar wit	h, and accept
Filling Fee Is \$61.25 Due by May 1, 2005 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE INCALLS, BRIAN E. INCALLS	SIGNATURE .		or printed name of registered agr	ent and title if app		Registere	d Agent signati	ure required	when reinstating)		<u>. </u>	DATE		
TITLE NAME INGALLS, BRIAN E. STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33442 CITY-ST-ZIP POMPANO BEACH, FL 33442 CITY-ST-ZIP POMPANO BEACH, FL 33442 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH, FL 33442 CITY-ST-ZIP CITY-ST-ZI	Filing Fee is \$61.25 9. Election Campaign Financing													
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STREET ADDRESS CITY-ST-ZIP DEERFIELD BCH.,, FL 33442 TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 1 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 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: **TAMAL** CASTON A **-COS** 954-765-393.**			NODEDT		☐ Delete				-		-		☐ Change	e
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