

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 711630

1. Entity Name
CEREBRAL PALSY ADULT HOME, INCORPORATED



Principal Place of Business
**1405 NORTHWEST 10TH STREET
DANIA, FL 33004**

Mailing Address
**1001 NE 3RD AVE
POMPANO BEACH, FL 33060**



04042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1161328

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CASTINO, FONNIE
1931 NE 27TH STREET
LIGHTHOUSE POINT, FL 33064**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
INGALLS, BRIAN E.
3100 NE 47TH CT, TOWNHOUSE #4
FORT LAUDERDALE, FL 33308**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
CASTINO, FONNIE
1931 N.E. 27TH STREET
LIGHTHOUSE POINT, FL 33064**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**RS
JOHNSON, SANDY
2411 NE 31ST COURT
LIGHTHOUSE POINT, FL 33064**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Fonnie Castino* Fonnie Castino

4-8-08 954-876-2328

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #