

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711630

FILED
Feb 16, 2010
Secretary of State

Entity Name: CEREBRAL PALSY ADULT HOME, INCORPORATED

Current Principal Place of Business:

1405 NORTHWEST 10TH STREET
DANIA, FL 33004

New Principal Place of Business:

Current Mailing Address:

1001 NE 3RD AVE
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 59-1161328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CASTINO-GILL, FONNIE
400 N. FEDERAL HIGHWAY
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

JOHNSON, SANDY
2411 N.E. 31ST COURT
LIGHTHOUSE POINT, FL 33064 US

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: SANDY JOHNSON

02/16/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD
Name: GILL, FONNIE
Address: 400 N. FEDERAL HIGHWAY
City-St-Zip: POMPANO BEACH, FL 33062

Title: STD
Name: JOHNSON, SANDY
Address: 2411 N.E. 31ST COURT
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: RS
Name: SULLIVAN, JUDY
Address: 2200 N.E. 32ND STREET
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: PD
Name: LLOYD, ROBERT
Address: 1373 S.W. 28TH AVE.
City-St-Zip: DEERFIELD BCH., FL 33442

Title: FS
Name: HIGGINS, BARBARA
Address: 2730 N.E. 41ST STREET
City-St-Zip: LIGHTHOUSE POINT, FL 33064

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: SANDY JOHNSON

STD

02/16/2010

Electronic Signature of Signing Officer or Director

Date