

711630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

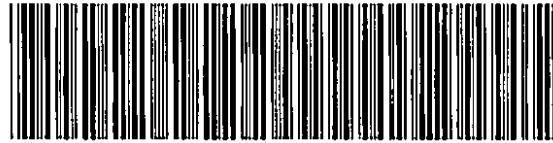
(Business Entity Name)

(Document Number)

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S TALLENT

JUL 17 2017

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
17 JUL 14 PM 4:10

LETTER  
DIVISION OF CORPORATIONS

June 26, 2017

INGRID HARRISON-VEITCH  
CEREBRAL PALSY ADULT HOME, INCORPORATED  
1001 NE 3RD AVENUE  
POMPANO BEACH, FL 33060

SUBJECT: CEREBRAL PALSY ADULT HOME, INCORPORATED  
Ref. Number: 711630

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 017A00012942

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Cerebral Palsy Adult Home Inc.  
Name of Corporation

DOCUMENT NUMBER: 711630

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ingrid Harrison-Veitch  
Name of Contact Person

Cerebral Palsy Adult Home, Inc.  
Firm/Company

1001 D.E. 3RD Avenue  
Address

Pompano Beach Florida 33060  
City/State and Zip Code

dirfinance@woodhouseinc.org ✓  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ingrid Harrison-Veitch at (954) 786-0344 x126  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Cerebral Palsy Adult Home, Incorporated
2. The principal office address: 1405 N.W. 10th Street  
Dania, Florida 33004
3. The mailing address (if different): 1001 N.E. 3rd Avenue  
Pompano Beach, FL 33060
4. Date of incorporation/qualification: 10/14/1966 Document number: 711630

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

(Resigned)  
Sandy Johnson  
2411 N.E. 31st Court, Lighthouse Point FL 33064

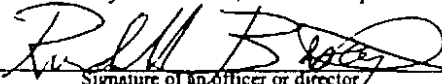
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Fonnie Gill  
400 N. Federal Highway  
P.O. Box NOT acceptable  
Pompano Beach, Florida 33061

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**TALLAHASSEE, FLORIDA**

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Randall Bishop, CEO  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
Signature of Registered Agent

5/12/17  
Date

If signing on behalf of an entity:

Fonnie Gill  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*