

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90120 012 ****70.00

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD**
NAME **INGALLS, BRIAN E.** ☐ Delete
STREET ADDRESS **2480 SE 8TH CT**
CITY-ST-ZIP **POMPANO BEACH FL 33442**

TITLE **STD**
NAME **CASTINO, FONNIE** ☐ Delete
STREET ADDRESS **1931 NE 27TH ST**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE **RS**
NAME **SHERK, JUDY** ☐ Delete
STREET ADDRESS **2425 S W 8TH COURT**
CITY-ST-ZIP **POMPANO BEACH FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

12. 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 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-03 954-765-3932

CR2E037 (10/02)