2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# 716013

Entity Name: UNITED CEREBRAL PALSY OF EAST CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1100 JIMMY ANN DR
DAYTONA BCH, FL 32117 US

New Principal Place of Business:

Current Mailing Address:

1100 JIMMY ANN DR
DAYTONA BCH, FL 32117 US

New Mailing Address:

FEI Number: 23-7026771 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POLLACK, BARRY S
1100 JIMMY ANN DR
DAYTONA BCH, FL 32117 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: POLLACK, BARRY
Address: 1100 JIMMY ANN DR.
City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: CD ( ) Delete
Name: KNAEBEL, MIKE
Address: 1100 JIMMY ANN DR.
City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: VD ( ) Delete
Name: WALLACE, BERTRAN
Address: 1100 JIMMY ANN DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: TD ( ) Delete
Name: PARK, LISA
Address: 1100 JIMMY ANN DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: SD ( ) Delete
Name: BARR, ROBIN
Address: 1100 JIMMY ANN DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change ( ) Addition
Name: JUDITH, LANE
Address: 1100 JIMMY ANN DR.
City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: VD (X) Change ( ) Addition
Name: NANCY, SUAH
Address: 1100 JIMMY ANN DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BARRY S POLLACK PRES 01/14/2009
Electronic Signature of Signing Officer or Director — Date