

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716013

FILED
Jan 03, 2011
Secretary of State

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 DRIVE
DAYTONA BEACH, 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:

BYRD, CRAIG A
1100 JIMMY ANN DR
DAYTONA BCH, FL 32117 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: CRAIG A. BYRD

01/03/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: BYRD, CRAIG
Address: 1100 JIMMY ANN DR.
City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: CD
Name: FRANCATI, LIZ
Address: 1100 JIMMY ANN DR.
City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: VD
Name: CASEY, BROOKS
Address: 1100 JIMMY ANN DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: TD
Name: PARENT, AL
Address: 1100 JIMMY ANN DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: SD
Name: NIETLING, GENEVA
Address: 1100 JIMMY ANN DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117 US

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: CRAIG A. BYRD

P

01/03/2011

Electronic Signature of Signing Officer or Director

Date