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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

740625

(9)

Principal Place of Business 1227 S. TAMIAMI TRAIL SARASOTA FL 34239 C/O LES LEECH JR. 9040 SUNSET DR. SUITE 70A MIAMI FL 33173 3. Date Incorporated or Qualified 10/26/1977 10/26/1977 2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Mailing Address 2c. Principal Place of Business 2c. Principal Place of Business 2c. Mailing Address 2c. Principal Place of Business 2c. Principal Place of Business 2c. Mailing Address	UNITED	CEREBRAL PALSY OF SAF								
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9. Name and Address of Current Registered Agent P1 Name	Zipi	Country	Zip	├ ── ′					199.032,	
LEECH, LESULE W JR 9040 SUNSET DR. SUITE 70A MIAMI FL 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above named corporation submits this statement for the purpose of degrate degral. It is the State of Eprida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered eagent, or both, in the State of Eprida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. It am formation with, and accept the chilgations of, Socion 617,0502, Florida Statutes SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10. ADDITIONS/C	24		<u> </u>	30					-	
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SUITE 70A MIAMI FL 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent. or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes SIGNATURE Signature. Invade of present dame of present of any accept the properties of present of agent and applications of agent and applications of present of agent and applications of agent and agent and applications of agent and agent and applications of agent and agent agent and agent and agent agent and agent agent and agent and agent agent agent agent agent agent agent agent. I am familiar agent agent agent agent agent agent agent agent agent. I am familiar agent agent agent agent agent agent agent agent. I am familiar agent agent agent agent agent agent agent agent agent agent. I am familiar agent				82 5	Street Addri	ess (P.O. Box Number is Not Acceptable)			1
MIAMI FL State City FL 85 Zep Code				83						\dashv
### Processor to the provisions of Sections 617,0502 and 617,1508. Florids Statutes, the absorption submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Fonda. Such change was authorized by the corporation's board of directors. I hereby accept the expointment as registered agent. I am Part Part										
T1. Fursuant to the provisions of Sections 617,0502 and 617,1509. Florida Statutes, the above famed corporation's submits the purpose of changing its registered office or registered agent. It can't, in the State of Braids. Such named was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Soction 617,0503, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ADME MARSH, PETE 12. NAME 12. NAME MARSH, PETE 12. NAME 12. NAME 12. NAME 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10. Change Addition MARSH, PETE 12. NAME 12. NAME 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 12.	MIAMI FI	-		84	Dity		FI	85 Zip	Code	İ
12	or register	ed agent, or both, in the State of Florida	ı. Such change was authorizi	ed by the corpora	ned corporation's boar	ation submits this statement for the purp d of directors. I hereby accept the appo	ose of chan	ging its re egistered	egistered offic agent. I am	e j
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	14. Ldo bereb	by certify that the information supplied w	th this filing is voluntarily furr			or the exemption stated in Section 119.	7(3)(k), Flor	ida Statut	es. I further	\dashv

certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

2/12/96

305-596-9040