

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **759423** (7)
1. Corporation Name
NORTH FLORIDA, INC.
UNITED CEREBRAL PALSY OF PANAMA CITY, INC.

Principal Place of Business Mailing Address
C/O FRED E NULL **C/O FRED E NULL**
621 N KRAFT AVE **621 N KRAFT AVE**
PANAMA CITY FL 32401-2286 **PANAMA CITY FL 32401-2286**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/03/1981	3a. Date of Last Report 04/20/1994
4. FEI Number 59-0855413	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required	
8. This corporation has liability for intangible tax under S. 100.012, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent NULL, FRED E. 621 N. KRAFT AVENUE PANAMA CITY FL 32401		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	FL	85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	MOODY, WILLIAM 2806 CANAL DR PANAMA CITY FL	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	PD
NAME		12 NAME	MOODY, WILLIAM
STREET ADDRESS		13 STREET ADDRESS	2806 CANAL DRIVE
CITY - ST - ZIP*		14 CITY - ST - ZIP	PANAMA CITY, FL
TITLE VD	MIDDLEMAS, CAROLINE 449 W 23RD ST PANAMA CITY FL	21 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VD
NAME		22 NAME	NAJJAR, TOM
STREET ADDRESS		23 STREET ADDRESS	1243 JENKS AVENUE
CITY - ST - ZIP		24 CITY - ST - ZIP	PANAMA CITY, FL
TITLE SD	HARRELL, JANE 100 QUEENS CIR PANAMA CITY FL	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	SD
NAME		32 NAME	HARRELL, JANE
STREET ADDRESS		33 STREET ADDRESS	100 QUEENS CIRCLE
CITY - ST - ZIP		34 CITY - ST - ZIP	PANAMA CITY, FL
TITLE VD	GORMAN, NADIA PO BOX 550 N/A PANAMA CITY FL	41 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VD
NAME		42 NAME	MCLENDON, BOB
STREET ADDRESS		43 STREET ADDRESS	P.O. BOX 16359
CITY - ST - ZIP		44 CITY - ST - ZIP	PANAMA CITY, FL
TITLE TD	SOWELL, DAN 1680 W 24TH STREET PANAMA CITY FL	51 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VD
NAME		52 NAME	SOWELL, DAN
STREET ADDRESS		53 STREET ADDRESS	1680 W 24th Street
CITY - ST - ZIP		54 CITY - ST - ZIP	Panama City, FL
TITLE VD	BASSETT, KAREN 2843 FEROL LANE LYNN HAVEN FL	61 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TD
NAME		62 NAME	LANDWEHR, BOBBY
STREET ADDRESS		63 STREET ADDRESS	P.O. DRAWER 1850
CITY - ST - ZIP		64 CITY - ST - ZIP	PANAMA CITY, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Typed Name)

4/17/95

769-3333 Ext 533