

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified **08/03/1981** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **59-0855413** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 24 25 29 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOODY, WILLIAM	1.2 NAME	NEIL JONES
STREET ADDRESS	2806 CANAL DR	1.3 STREET ADDRESS	555 BECKRICH ROAD
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAJJAR, TOM	2.2 NAME	Mark Swartz
STREET ADDRESS	1243 JENKS AVENUE	2.3 STREET ADDRESS	218 Bunkers Cove Road
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	Panama City, FL 32401
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<del>Karrie Garrett</del> SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRELL, JANE	3.2 NAME	Karrie Garrett
STREET ADDRESS	100 QUEENS CIR	3.3 STREET ADDRESS	1601 Massachusetts Avenue
CITY-ST-ZIP	PANAMA CITY FL	3.4 CITY-ST-ZIP	Lynn Haven, FL 32444
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLENDON, BOB	4.2 NAME	
STREET ADDRESS	P.O. BOX 16359	4.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOWELL, DAN	5.2 NAME	SOWELL, DAN
STREET ADDRESS	1680 W 24TH STREET	5.3 STREET ADDRESS	1680 W. 24th Street
CITY-ST-ZIP	PANAMA CITY FL	5.4 CITY-ST-ZIP	Panama City, FL 32405
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDWEHR, BOBBY	6.2 NAME	
STREET ADDRESS	P.O. DRAWER 1350	6.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	6.4 CITY-ST-ZIP	

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 119.07(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: Dan Sowell 3/07/96 (904) 769-1593  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)