

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 759423 (7)**

1. Corporation Name  
**UNITED CEREBRAL PALSY OF NORTH FLORIDA, INC.**



Principal Place of Business <b>C/O FRED E NULL 621 N KRAFT AVE PANAMA CITY FL 32401-2266</b>	Mailing Address <b>C/O FRED E NULL 621 N KRAFT AVE PANAMA CITY FL 32401-5286</b>
---	---

3. Date Incorporated or Qualified <b>08/03/1981</b>	3a. Date of Last Report <b>03/22/1996</b>
4. FEI Number <b>59-0855413</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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	<b>FL</b>
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

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>JONES, NEIL</b>	
STREET ADDRESS	<b>555 BECKRICH ROAD</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SWARTZ, MATK</b>	
STREET ADDRESS	<b>218 BUNKERS COVE ROAD</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GARRETT, KARRIE</b>	
STREET ADDRESS	<b>1601 MASSACHUSETTS AVENUE</b>	
CITY-ST-ZIP	<b>LYNN HAVEN FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>MCLENDON, BOB</b>	
STREET ADDRESS	<b>P.O. BOX 16359</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SOWELL, DAN</b>	
STREET ADDRESS	<b>1680 W 24TH STREET</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>LANDWEHR, BOBBY</b>	
STREET ADDRESS	<b>P.O. DRAWER 1350</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>JONES, NEIL</b>	
1.3 STREET ADDRESS	<b>555 BECKRICH ROAD</b>	
1.4 CITY-ST-ZIP	<b>PANAMA CITY BEACH, FL 32407</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>WILLIAM MOODY</b>	
2.3 STREET ADDRESS	<b>2806 Canal Drive</b>	
2.4 CITY-ST-ZIP	<b>Panama City, FL 32405</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>VD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>MCLENDON, BOB</b>	
4.3 STREET ADDRESS	<b>P.O. BOX 16359</b>	<b>(N/A)</b>
4.4 CITY-ST-ZIP	<b>PANAMA CITY, FL 32405</b>	
5.1 TITLE	<b>PD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>SOWELL, DAN</b>	
5.3 STREET ADDRESS	<b>1680 W 24th Street</b>	
5.4 CITY-ST-ZIP	<b>Panama City FL</b>	
6.1 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>LANDWEHR, BOBBY</b>	
6.3 STREET ADDRESS	<b>P.O. DRAWER 1350</b>	<b>(N/A)</b>
6.4 CITY-ST-ZIP	<b>PANAMA CITY, FL</b>	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **REQUIRED** 3/04/97 (904) 784-4095  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0009407

CR2E037 (9/96)