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Apr 30, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759423

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

Principal Place of Business C/O FRED E NULL 621 N KRAFT AVE PANAMA CITY FL 32401-2286	Mailing Address C/O FRED E NULL 621 N KRAFT AVE PANAMA CITY FL 32401-2286
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/03/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0855413
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

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	85	Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City	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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WALLS, JODY	
STREET ADDRESS	P.O. DRAWER 1760	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32402	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MOODY, WILLIAM	
STREET ADDRESS	2806 CANAL DRIVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MCLENDON, BOB	
STREET ADDRESS	P.O. BOX 16359	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SOWELL, DAN	
STREET ADDRESS	1680 W 24TH STREET	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PITTMAN, MARK	
STREET ADDRESS	4013 BREUTLY CIR	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dunaway, John	
1.3 STREET ADDRESS	P.O. Box 18225	
1.4 CITY-ST-ZIP	Panama City Beach, FL 32417	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HILL, DUB	
3.3 STREET ADDRESS	P.O. Box 435	
3.4 CITY-ST-ZIP	Lynn Haven, FL 32444	
4.1 TITLE	Pres.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DAN Sowell	
4.3 STREET ADDRESS	1680 W. 24th St	
4.4 CITY-ST-ZIP	PANAMA CITY, FL 32405	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4-27-99 850 784-4095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)