

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 759423

FILED  
Nov 03, 2005  
Secretary of State

**Entity Name:** UNITED CEREBRAL PALSY OF NORTH FLORIDA, INC.

**Current Principal Place of Business:**

C/O KIMBERLY MCMANUS  
1241 B N EAST AVENUE  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

C/O KIMBERLY MCMANUS  
1241 B N EAST AVENUE  
PANAMA CITY, FL 32401

**New Mailing Address:**

**FEI Number:** 59-0855413

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCMANUS, KIMBERLY L  
1241 B N EAST AVENUE  
PANAMA CITY, FL 32401 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KIMBERLY MCMANUS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: DUNAWAY, JOHN  
Address: P.O. BOX 18225  
City-St-Zip: PANAMA CITY BEACH, FL 32417

Title: VD ( ) Delete  
Name: QUIRK, PAT  
Address: 2806 CANAL DRIVE  
City-St-Zip: PANAMA CITY, FL 32402

Title: SD ( ) Delete  
Name: HILL, DUB  
Address: P.O. BOX 435  
City-St-Zip: LYNN HAVEN, FL 32444

Title: P ( ) Delete  
Name: SOWELL, DAN  
Address: 2323 MOUND AVE  
City-St-Zip: PANAMA CITY, FL

Title: ED ( ) Delete  
Name: MCMANUS, KIMBERLY  
Address: 3740 EDWARDS ROAD  
City-St-Zip: SOUTH PORT, FL 32409

Title: VD ( ) Delete  
Name: WINDHAM, RANDY  
Address: 415 E 2ND STREET  
City-St-Zip: PANAMA CITY, FL 32401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY L MCMANUS

ED

11/03/2005

Electronic Signature of Signing Officer or Director

Date