

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Mar 11, 2010
Secretary of State**

DOCUMENT# 759423

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 (X)****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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** VD
Name: DUNAWAY, JOHN
Address: P.O. BOX 18225
City-St-Zip: PANAMA CITY BEACH, FL 32417**Title:** VD
Name: QUIRK, PAT
Address: 2806 CANAL DRIVE
City-St-Zip: PANAMA CITY, FL 32402**Title:** PP
Name: SOWELL, DAN
Address: 2323 MOUND AVE
City-St-Zip: PANAMA CITY, FL**Title:** ED
Name: MCMANUS, KIMBERLY
Address: 3740 EDWARDS ROAD
City-St-Zip: SOUTH PORT, FL 32409**Title:** PRES
Name: WINDHAM, RANDY
Address: 415 E 2ND STREET
City-St-Zip: PANAMA CITY, FL 32401

I hereby 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 all other like empowered.

SIGNATURE: KIMBERLY MCMANUS

ED

03/11/2010

Electronic Signature of Signing Officer or Director

Date