

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 759423

FILED
May 21, 2003
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: _____

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
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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

05/21/2003

Electronic Signature of Signing Officer or Director

_____ Date