


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2004 8:00 am
Secretary of State

07-28-2004 90017 048 ****61.25

DOCUMENT # 759939	
1. Entity Name UNITED CEREBRAL PALSY OF CENTRAL FLORIDA MEMORIAL FOUNDATION, INC.	

Principal Place of Business 3305 S ORANGE AVE ORLANDO, FL 32806-1297 US	Mailing Address 6053 LEXINGTON PARK #1157 ORLANDO, FL 32819 US
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54065203

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07072004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2201381		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GABRIELSON, W. SCOTT 519 PALMER ST. ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Scott Gabrielson President DATE 7-9-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP T/S/D GARRITY, BILL 6053 LEXINGTON PARK ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charles Bailes 8989 S. ORANGE AVE ORLANDO, FL 32824 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAILES, JACQUELIN H. 6212 DARTMOOR CT ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bob Allen Integrity Aats & Technology PO BOX 22090 LAKE BUENA VISTA, FL 32830 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROCKMAN MAUREEN, 1315 WATERWITCH COVE CIRCLE ORLANDO, FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tom Yochum Southeast - mail code 0-1061 PO BOX 3833 ORLANDO, FL 32802-3833 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GABRIELSON, W. SCOTT 519 PALMER DR. ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pat Stolz 5700 COVE DR. ORLANDO, FL 32812 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHER, DON 2221 SANTA ANTILLES RD. ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAREZYNSKI, DAN 200 E ROBINSON ST STE 300 ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. Gabrielson DATE 7/21/04 DAYTIME PHONE # 407-852-3302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR