

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

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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
**3305 S ORANGE AVE
 ORLANDO, FL 32806-1297 US**

66002029



01092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2201381** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GABRIELSON, W. SCOTT
 519 PALMER ST.
 ORLANDO, FL 32801**

**DO NOT WRITE
 IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD BAILES, CHAS ABC FINE WINE + SPIRITS, P.O. BOX 593688 ORLANDO, FL 32859
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAILES, JACQUELIN H. 6212 DARTMOOR CT ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROCKMAN MAUREEN. 1315 WATERWITCH COVE CIRCLE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GABRIELSON, W. SCOTT 519 PALMER DR. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHER, DON 2221 SANTA ANTILLES RD. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAREZYNSKI, DAN 200 E ROBINSON ST STE 300 ORLANDO, FL 32801

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/1/07** Daytime Phone # **407-852-3371**