

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759939

FILED
Jan 04, 2011
Secretary of State

Entity Name: UNITED CEREBRAL PALSY OF CENTRAL FLORIDA MEMORIAL FOUNDATION, INC.

Current Principal Place of Business:

3305 S ORANGE AVE
ORLANDO, FL 328061297 US

New Principal Place of Business:

Current Mailing Address:

3305 S ORANGE AVE
ORLANDO, FL 328061297 US

New Mailing Address:

FEI Number: 59-2201381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GABRIELSON, W. SCOTT
519 PALMER ST.
ORLANDO, FL 32801 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: TSD
Name: BAILES, CHAS
Address: ABC FINE WINE + SPIRITS, P.O. BOX 593688
City-St-Zip: ORLANDO, FL 32859

Title: VD
Name: BAILES, JACQUELIN H.
Address: 6212 DARTMOOR CT
City-St-Zip: ORLANDO, FL

Title: D
Name: BROCKMAN MAUREEN,
Address: 1315 WATERWITCH COVE CIRCLE
City-St-Zip: ORLANDO, FL 32806

Title: PD
Name: GABRIELSON, W. SCOTT
Address: 519 PALMER DR.
City-St-Zip: ORLANDO, FL

Title: D
Name: ASHER, DON
Address: 2221 SANTA ANTILLES RD.
City-St-Zip: ORLANDO, FL

Title: D
Name: TAREZYNSKI, DAN
Address: 200 E ROBINSON ST STE 300
City-St-Zip: ORLANDO, FL 32801

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: JILL WISTH

CFO

01/04/2011

Electronic Signature of Signing Officer or Director

Date