# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:50

DOCUMENT # **764448** **(7)**

1. Corporation Name

UNITED CEREBRAL PALSY PROPERTIES OF NORTHWEST FL ORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2912 NORTH "E" ST.<br>PENSACOLA FL 32501 | 2912 NORTH "E" ST.<br>PENSACOLA FL 32501 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/05/1982
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-0737912 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$9.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

9. Name and Address of Current Registered Agent

WHITE, SHERRY A.
2912 N. "E" STREET
PENSCOLA FL 32501

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | VD | 11 TITLE | P/D | ☒ Change ☐ Addition |
| NAME | HUNTER, MARTHA A. | 12 NAME | | |
| STREET ADDRESS | 40 S. ALCANIZ STREET | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | PENSACOLA FL | 14 CITY-ST-ZIP | | |
| TITLE | TD | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | BOLLETER, DEBRA | 22 NAME | | |
| STREET ADDRESS | 25 W CEDAR STR | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | PENSACOLA FL | 24 CITY-ST-ZIP | | |
| TITLE | SD | 31 TITLE | V/D | ☒ Change ☐ Addition |
| NAME | DOMAN, JOANN PACE | 32 NAME | | |
| STREET ADDRESS | 1213 WILLOWOOD LAND | 33 STREET ADDRESS | 1213 WILLOWOOD LANE | |
| CITY-ST-ZIP | GULF BREEZE FL | 34 CITY-ST-ZIP | | |
| TITLE | VD | 41 TITLE | V/D | ☒ Change ☐ Addition |
| NAME | WHITE, DAVID G | 42 NAME | BUSH, GARY | |
| STREET ADDRESS | 210 CHURCH ST | 43 STREET ADDRESS | 5037 BAYOU BLVD | |
| CITY-ST-ZIP | PENSACOLA FL | 44 CITY-ST-ZIP | PENSACOLA, FL 32503 | |
| TITLE | VD | 51 TITLE | S/D | ☒ Change ☐ Addition |
| NAME | LOFTIN, JOE M. | 52 NAME | | |
| STREET ADDRESS | 2447 EXEC PLAZA DRIVE | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | PENSACOLA FL | 54 CITY-ST-ZIP | | |
| TITLE | PD | 61 TITLE | V/D | ☒ Change ☐ Addition |
| NAME | WINDHAM, PATRICIA S | 62 NAME | LEAHY, CARL | |
| STREET ADDRESS | 270 N. PALAFOX ST. | 63 STREET ADDRESS | 4990 MOBILE HWY | |
| CITY-ST-ZIP | PENSACOLA FL | 64 CITY-ST-ZIP | PENSACOLA, FL 32506 | |

RECD BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** MARTHA ANN HUNTER Martha Ann Hunter 4-11-95 (904) 432-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0021199