

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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.
PENSACOLA FL 32501**

**2912 NORTH "E" ST.
PENSACOLA FL 32501**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. **26** **3636 NORTH "L" STREET**

22 City & State

Suite, Apt. #, etc.

27 **SUITE A3**

23 Zip

City & State

28 **PENSACOLA, FL**

24 Country

25 Country

Zip

29 **32505**

Country

30 **ESCAMBIA**

3. Date Incorporated or Qualified

08/05/1982

3a. Date of Last Report

05/01/1995

4. FEI Number

59-0737912

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3636 NORTH "L" STREET

83 **SUITE A3**

84 City

PENSACOLA,

FL

85 Zip Code

32505

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **HUNTER, MARTHA A.**
STREET ADDRESS **40 S. ALCANIZ STREET**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **TD** ☐ DELETE

NAME **BOLLETER, DEBRA**
STREET ADDRESS **25 W CEDAR STR**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **VD** ☒ DELETE

NAME **DOMAN, JOANN PACE**
STREET ADDRESS **1213 WILLOWOOD LANE**
CITY-ST-ZIP **GULF BREEZE FL**

TITLE **VD** ☒ DELETE

NAME **BUSH, GARY**
STREET ADDRESS **5037 BAYOU BLVD**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **SD** ☐ DELETE

NAME **LOFTIN, JOE M.**
STREET ADDRESS **2447 EXEC PLAZA DRIVE**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **VD** ☒ DELETE

NAME **LEAHY, CARL**
STREET ADDRESS **4990 MOBILE HWY**
CITY-ST-ZIP **PENSACOLA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

C/D

25 WEST CEDAR STREET, SUITE 312

V/D

BROWN, DESMOND
5147 NORTH 9TH AVE, SUITE 405
PENSACOLA, FL 32504

T/D

MORRISON, JERRY W.
201 NORTH PALAFOX STREET
PENSACOLA, FL 32501

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)(k), 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:

DEBRA BOLLETER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-96

Date

904 432-9454

Daytime Phone

CR2E037 (12/95)