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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

**3636 NORTH "L" STREET
SUITE A-3
PENSACOLA FL 32505
US**

3. Date Incorporated or Qualified

08/05/1982

4. FEI Number

59-0737912

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITE, SHERRY A.
3636 NORTH "L" STREET
SUITE A-3
PENSACOLA FL 32505**

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CO	<input checked="" type="checkbox"/> DELETE
NAME	BOLLETER, DEBRA	
STREET ADDRESS	26 WEST CEDAR STREET SUITE 412	
CITY-ST-ZIP	PENSACOLA FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BROWN, DESMOND	
STREET ADDRESS	5147 NORTH 9TH AVENUE SUITE 405	
CITY-ST-ZIP	PENSACOLA FL	

2.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MORRISON, JERRY	
STREET ADDRESS	201 NORTH PALAFOX STREET	
CITY-ST-ZIP	PENSACOLA FL	

3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HOLMES, JR., GRANT	
3.3 STREET ADDRESS	9743 CREEK BRIDGE CIRCLE	
3.4 CITY-ST-ZIP	PENSACOLA, FL 32514	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	LOFTIN, JOE M.	
STREET ADDRESS	2447 EXEC PLAZA DRIVE	
CITY-ST-ZIP	PENSACOLA FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> DELETE
NAME	FREDERICKSON, ROSEMARY	
STREET ADDRESS	800 N 12TH AVE	
CITY-ST-ZIP	PENSACOLA FL	

5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: **DESMOND BROWN, M.D., CHAIRMAN OF THE BOARD 1-28-98 (850) 505-4720**

CR25037 (10/97)