## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#764448**

FILED Jan 12, 2006 Secretary of State

Entity Name: UNITED CEREBRAL PALSY PROPERTIES OF NORTHWEST FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business: 2912 NORTH** PENSACOLA, FL 32501 **Current Mailing Address: New Mailing Address:** 2912 NORTH PENSACOLA, FL 32501 US FEI Number: 59-0737912 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WHITE, SHERRY A. 2912 NORTH PENSACOLA, FL 325011324 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete RENFROE, BEN Name: Name: 5153 N. 9TH AVENUE, SUITE 300 Address: Address: City-St-Zip: PENSACOLA, FL 32504 City-St-Zip: Title: () Delete Title: () Change () Addition FIELDER, MICHELE W Name: Name: Address: 70 N BAYLEN STREET Address: City-St-Zip: PENSACOLA, FL 32501 City-St-Zip: Title: () Delete Title: SD (X) Change ( ) Addition GOETTER, SUSAN HILL, MIKE Name: Name: 5320 MOUNTAIN LAUREL LANE 611 NEW WARRINGTON RD Address: Address: City-St-Zip: MILTON, FL 32570 City-St-Zip: PENSACOLA, FL 32506 ( ) Delete Title: Title: CD (X) Change ( ) Addition FAIR, BOBBY Name: Name: FAIR, BOBBY 400 WEST GARDEN STREET Address: Address: 125 WEST ROMANA STREET City-St-Zip: PENSACOLA, FL 32501 City-St-Zip: PENSACOLA, FL 32502 Title: CD ( ) Delete Title: (X) Change ( ) Addition MCLAMB, BILLY D MCLAMB, BILLY D Name: Name: 3838 NAVY BLVD 3838 NAVY BLVD Address: Address: City-St-Zip: PENSACOLA, FL 32507 City-St-Zip: PENSACOLA, FL 32507 Title: (X) Delete Title: () Change () Addition HUGGINS, W. BRAD Name: Name: Address: 605 W GARDEN STREET Address: PENSACOLA, FL 32501 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BOBBY FAIR CHAI 01/12/2006