

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764448

FILED  
Mar 22, 2007  
Secretary of State

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

**Current Principal Place of Business:**

2912 NORTH  
PENSACOLA, FL 32501

**New Principal Place of Business:**

**Current Mailing Address:**

2912 NORTH  
PENSACOLA, FL 32501 US

**New Mailing Address:**

**FEI Number:** 59-0737912      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WHITE, SHERRY A.  
2912 NORTH  
PENSACOLA, FL 325011324 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: VD ( ) Delete  
Name: RENFROE, BEN  
Address: 5153 N. 9TH AVENUE, SUITE 300  
City-St-Zip: PENSACOLA, FL 32504

Title: TD ( ) Delete  
Name: FIELDER, MICHELE W  
Address: 70 N BAYLEN STREET  
City-St-Zip: PENSACOLA, FL 32501

Title: SD ( ) Delete  
Name: HILL, MIKE  
Address: 611 NEW WARRINGTON RD  
City-St-Zip: PENSACOLA, FL 32506

Title: CD ( ) Delete  
Name: FAIR, BOBBY  
Address: 125 WEST ROMANA STREET  
City-St-Zip: PENSACOLA, FL 32502

Title: D ( ) Delete  
Name: MCLAMB, BILLY D  
Address: 3838 NAVY BLVD  
City-St-Zip: PENSACOLA, FL 32507

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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

03/22/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date