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

APPROVED
AND
FILED

95 MAY -1 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **767449** **(2)**

1. Corporation Name

CEREBRAL PALSY FOUNDATION OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
TANNER, DORCAS G. 3311 BEACH BLVD JACKSONVILLE FL 32207	TANNER, DORCAS G. 3311 BEACH BLVD JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/14/1983	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-0718304	☐ 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
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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TANNER, DORCAS G. 3311 BEACH BLVD. JACKSONVILLE FL 32207	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	C/D ☒ Change ☐ Addition
NAME	CLARK, PAUL M JR	12 NAME	Nelson, Janice R.
STREET ADDRESS	1725 LISA AVE.	13 STREET ADDRESS	12929 Jupiter Hills Circle S.
CITY ST ZIP	FERNANDINA BEACH FL 32034	14 CITY ST ZIP	Jacksonville, FL 32202-3105
TITLE	TD	21 TITLE	T/D ☒ Change ☐ Addition
NAME	CARSWELL, DEBORA M	22 NAME	Hay, Jonathan L.
STREET ADDRESS	4403 SHERWOOD RD.	23 STREET ADDRESS	115 Solano Woods Drive
CITY ST ZIP	JACKSONVILLE FL 32210-5834	24 CITY ST ZIP	Ponte Vedra Beach, FL 32082
TITLE	VCD	31 TITLE	VC/D ☒ Change ☐ Addition
NAME	NELSON, JANICE. R	32 NAME	Carswell, Debora M.
STREET ADDRESS	12929 JUPITER HILL CIRCLE S.	33 STREET ADDRESS	4403 Sherwood Road
CITY ST ZIP	JACKSONVILLE FL 32225	34 CITY ST ZIP	Jacksonville, FL 32210
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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: Dorcas G. Tanner Dorcas G. Tanner 04/24/95 904-396-1462

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0029180