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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F97000003840

1. Corporation Name  
UNITED CEREBRAL PALSY ASSOCIATIONS, INC.

Principal Place of Business 1660 L STREET, NW, STE. 700 WASHINGTON DC 20036	Mailing Address 1660 L STREET, NW, STE. 700 WASHINGTON DC 20036
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\* 6 1 8 5 8 3 - 9 0 0 0 7 - 2 7 3 \*



21 Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/22/1997
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 13-1641079
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip	29 Zip	30 Country
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOLDENSON, LEONARD H		1.2 NAME	
STREET ADDRESS 1660 L STREET, NW, STE. 700		1.3 STREET ADDRESS	
CITY-ST-ZIP WASHINGTON DC 20036		1.4 CITY-ST-ZIP	
TITLE CD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HAUSMAN, JACK		2.2 NAME NINA EATON	
STREET ADDRESS 1660 L STREET, NW, STE. 700		2.3 STREET ADDRESS 1660 L STREET, NW, STE. 700	
CITY-ST-ZIP WASHINGTON DC 20036		2.4 CITY-ST-ZIP WASHINGTON DC 20036	
TITLE C	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEARNS, JAMES C		3.2 NAME	
STREET ADDRESS 1660 L STREET, NW, STE. 700		3.3 STREET ADDRESS	
CITY-ST-ZIP WASHINGTON DC 20036		3.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	4.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SIMONSON, MICHAEL H ESQ.		4.2 NAME CHARLES H. MOSES, III, ESQ.	
STREET ADDRESS 1660 L STREET, NW, STE. 700		4.3 STREET ADDRESS 1660 L STREET, NW, STE. 700	
CITY-ST-ZIP WASHINGTON DC 20036		4.4 CITY-ST-ZIP WASHINGTON DC 20036	
TITLE V	<input type="checkbox"/> DELETE	5.1 TITLE VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOSES, CHARLES H III,ESQ		5.2 NAME	
STREET ADDRESS 1660 L STREET, NW, STE. 700		5.3 STREET ADDRESS 1660 L STREET, NW, STE. 700	
CITY-ST-ZIP WASHINGTON DC 20036		5.4 CITY-ST-ZIP WASHINGTON DC 20036	
TITLE VD	<input type="checkbox"/> DELETE	6.1 TITLE E. Hal Nolan	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WYETH, DUNCAN O		6.2 NAME	
STREET ADDRESS 1660 L STREET, NW, STE. 700		6.3 STREET ADDRESS	
CITY-ST-ZIP WASHINGTON DC 20036		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 as an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED 8-11-1999

CR2E037 (1/198)

# UCPA BOARD OF DIRECTORS

618583-90007-27  
F 9700003840

1. **Elmer Cerano**  
Chair, National Administrators Council  
UCP of Metropolitan Detroit  
23077 Greenfield Suite 205  
Southfield, MI 48075  
248-557-5070  
248-557-4456 (Fax)  
ucp@ameritech.net
2. **Connie Cochran**  
UCPA Interim Executive Director  
1660 L Street, NW  
Washington, DC 20036  
202-973-7103  
202-872-1298 (Fax)  
ccochran@ucpa.org or  
UCPNCLC@CWIXMAIL.COM  
919-832-3787, EXT. 103
3. **Nina Eaton**  
UCPA Founder Representative  
8 Hazel Place  
Woodmere, NY 11598  
516-569-3367
4. **Rick Fleetwood**  
UCPA At-Large Director  
1821 North Beechwood  
Little Rock, AR 72207  
501-664-2624  
501-664-1708 (Fax)
5. **Clyde Ford**  
UCPA Regional Director, VII  
5250 N. Palm Avenue, Ste. 402  
Fresno, CA 93704-2214  
559-436-8945, ext. 227  
559-435-8776 (Fax)  
tbscw1@inatmail.att.net
6. **Leonard Goldenson**  
UCPA Chair  
Apartment 96-N  
2301 Gulf of Mexico Drive  
Longboard, FL 34228  
212-456-7018  
212-456-6384 (Fax)
7. **Mary Ann Greenawalt**  
UCPA Treasurer  
B&B Specialty Foods, Inc.  
4050 Stoneleigh Road  
Bloomfield Hills, MI 48302  
248-645-2096  
248-645-6725 (fax)  
magatbb@msen.com
8. **Charles S. Jones**  
UCPA At-Large Director  
AmSouth Bank  
P.O. Drawer 1628  
Mobile, AL 36633-1628  
334-438-8387  
334-438-8084 (Fax)  
csjones@amsouth.com
9. **Peter Keiser**  
UCPA Regional Director, II  
Cincinnati Center For  
Developmental Disorders  
3333 Burnet Avenue  
Cincinnati, OH 45229-3039  
513-636-8365  
513-636-7361 (Fax)  
keisp0@chmcc.org
10. **Molly Kennedy**  
UCPA At-large Director  
244 W. 36<sup>th</sup> Avenue, Apt. D  
San Mateo, CA 94403  
650-573-2966  
650-573-2116 (Fax)  
[mken81@aol.com](mailto:mken81@aol.com)
11. **Bill Kienzle**  
UCPA Regional Director, IV  
UCP of the Blackhawk Region  
221 Bristol  
Chatham, IL 62629  
217-544-5809  
217-899-6246 (Cell phone)  
217-544-6018 (Fax)  
Bill@FTIESN@AOL.COM