

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2004 8:00 am
Secretary of State

05-18-2004 90003 006 ****61.25

DOCUMENT # F97000003840

1. Entity 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**

04054645



DO NOT WRITE IN THIS SPACE

04272004 No Chg-NP CR2E037 (10/03)

4. FEI Number 13-1641079	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	C MACDONALD, ROBERT J ESQ 1660 L STREET, NW, STE. 700 WASHINGTON, DC 20036
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EATON, NINA 1660 L STREET NW STE 700 WASHINGTON, DC 20036
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PPD STEARNS, JAMES C 1660 L STREET, NW, STE. 700 WASHINGTON, DC 20036
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PPD MOSES, CHARLES H ESQ 1660 L STREET, NW, STE. 700 WASHINGTON, DC 20036
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen Bennett **Stephen Bennett** 5/10/04 202-776-0406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
Dr. # FG 7000003840

UCPA BOARD OF TRUSTEES
CONFIDENTIAL
Updated April 13, 2004

1. **Loreen Arbus**
8075 W. 3rd Street
Suite 410
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323-930-0186 (Fax)
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2. **Stephen Bennett**
President/Chief Executive Officer
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sbennett@ucp.org
3. **Nina Eaton**
8 Hazel Place
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516-569-3367
4. **Rick Fleetwood**
Secretary
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501-664-1708 (Fax)
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5. **Debbie Francis**
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214-526-5438 (home)
debofran@aol.com
6. **Glenn Harger**
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UCP of Mobile, Inc.
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7. **Eric Hespeneide**
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313-396-3177 (fax)
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8. **James Introne**
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intrja@lorettosystem.org
9. **Frederick Joseph**
President, Research Foundation
c/o MLGA Holdings, Inc.
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212-218-3737 (phone)
212-218-3719 (fax)
10. **Kevin Kelly**
Treasurer
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901-755-6603 (Fax)
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11. **William H. Macy**
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12. **John Maguire**
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Attachment
Doc. # 9700003840

13. Lowell Marks

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14. Thomas O'Donnell, Esq.

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15. Anita Porco

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16. Anne Rader

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17. James Stearns

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18. Karen Holmes Ward

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781-449-6682 (Fax)
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19. Duncan O. Wyeth

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