2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005361

FILED Jan 15, 2004 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

2912 NORTH E ST 2912 NORTH E ST

PENSACOLA, FL 32501 PENSACOLA, FL 325011324 US

Current Mailing Address: New Mailing Address:

2912 NORTH E ST 2912 NORTH E ST

PENSACOLA, FL 32501 PENSACOLA, FL 325011324 US

FEI Number: 59-3749163 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 DR. WHITE, SHERRY A DR. 2912 NORTH "E" STREET 2912 NORTH E ST

PENSACOLA, FL 325011324 US 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: 01/15/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD () Delete Title: () Change () Addition

 Name:
 RITCHIE, BUZZ
 Name:

 Address:
 41 N. JEFFERSON ST., SUITE 102
 Address:

Address: 41 N. JEFFERSON ST., SOITE 102 Address:
City-St-Zip: PENSACOLA, FL 32501 City-St-Zip:

Title: VD () Delete Title: VD (X) Change () Addition Name: FIELDER, MICHELE Name: FIELDER, MICHELE

 Address:
 70 N. BAYLEN ST.
 Address:
 70 N. BAYLEN ST.

 City-St-Zip:
 PENSACOLA, FL 32501
 City-St-Zip:
 PENSACOLA, FL 32501

Title: SD () Delete Title: SD (X) Change () Addition Name: DELOACH, WILLIAMS S Name: DELOACH, WILLIAM S

Address: 13 WEST GARDEN ST Address: 850 S. PALAFOX ST., 2ND FLOOR

City-St-Zip: PENSACOLA, FL 32501 City-St-Zip: PENSACOLA, FL 32502

Title: VD () Delete Title: TD (X) Change () Addition

 Name:
 ARMSTRONG, RON
 Name:
 ARMSTRONG, RON

 Address:
 11103 LITTLE CREEK RD.
 Address:
 11103 LITTLE CREEK RD.

 City-St-Zip:
 PENSACOLA, FL 32506
 City-St-Zip:
 PENSACOLA, FL 32506

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BUZZ RITCHIE MR. 01/15/2004