2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000005361

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

Principal Place of Business
2912 NORTH E ST
PENSACOLA, FL 32501-1324 US

Mailing Address
2912 NORTH E ST
PENSACOLA, FL 32501-1324 US

01032006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 59-3749163 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, SHERRY A DR.
2912 NORTH E ST
PENSACOLA, FL 32501-1324

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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, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	RITCHIE, BUZZ
STREET ADDRESS	41 N. JEFFERSON ST., SUITE 102
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	VD
NAME	FIELDER, MICHELE
STREET ADDRESS	70 N. BAYLEN ST.
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	SD
NAME	DELOACH, WILLIAM S
STREET ADDRESS	850 S. PALAFOX ST., 2ND FLOOR
CITY-ST-ZIP	PENSACOLA, FL 32502
TITLE	TD
NAME	ARMSTRONG, RON
STREET ADDRESS	11103 LITTLE CREEK RD.
CITY-ST-ZIP	PENSACOLA, FL 32506
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/17/06-80018-015 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Buzz Ritchie BUZZ RITCHIE 2-1-06 850-432-1596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #