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## United Cerebral Palsy of Northwest Florida

September 17, 2009

### Executive Committee

J. Ben Renfroe, M.D.

*Chair*

Mike Hill

*Vice Chair*

Michele W. Fielder

*Secretary*

Anna Barbee

*Treasurer*

Barry Lintner

*At-Large*

John Asmar

*At-Large*

Bobby Fair

*Past Chair*

### Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

To Whom It May Concern,

Please find enclosed our Articles of Dissolution for the dissolution of the United Cerebral Palsy of Northwest Florida Foundation, Inc.

If you have any questions, I can be reached at 850-432-1596.

Sincerely,

Jeanne Clark  
Director of Finance

### Board of Directors

Donna Adams

Cindy Anderson

Brian P. Bell, Sr.

A. Randy Bricker

Bobby Corbett

Saundra Daggs

David Gaines

W. Brad Huggins

Martha Ann Hunter, RHU

Germelina D. Jongko, M.D.

Robert A. "Bobby" Likis

Joe M. Loftin

Ted Marshall

Billy D. McLamb

Raisa Overstreet

Buzz Ritchie

C.C. Neil Thorsen

Glenda Triemer

Patricia S. Windham

### Directors Emeritus

Warren Briggs

Bob Dessell

Dick Franz

Beryl Miller

Sarah Smith Scales

Fred Smalley

### Medical Director

J. Ben Renfroe, M.D.

### President/CEO

Dr. Sherry A. White



**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** United Cerebral Palsy of Northwest Florida Foundation, Inc.

**DOCUMENT NUMBER:** N01000005361

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeanne Clark

(Name of Contact Person)

United Cerebral Palsy of Northwest Florida

(Firm/Company)

2912 North E Street

(Address)

Pensacola, FL 32501

(City/State and Zip Code)

For further information concerning this matter, please call:

Jeanne Clark

(Name of Contact Person)

at ( 850 )

432-1596

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

<input type="checkbox"/> \$35 Filing Fee	<input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status	<input checked="" type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	<input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
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**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
United Cerebral Palsy of Northwest Florida Foundation, Inc.

SECOND: The document number of the corporation (if known): N01000005361

THIRD: Adoption of Dissolution  
**(COMPLETE SECTION I OR II)**

### SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

☒ The date of the meeting of members at which the resolution to dissolve was adopted

July 21, 2009, The number of votes cast by the members was sufficient for approval.

☐ The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

### SECTION II

If the corporation has no members or members entitled to vote on the dissolution:

The corporation has no members or members entitled to vote on the dissolution:


The date of adoption of the resolution by the board of directors was \_\_\_\_\_

The number of directors in office was \_\_\_\_\_ and the vote for resolution was

\_\_\_\_\_ for and \_\_\_\_\_ against. (must be a majority vote)

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FOURTH: Effective date of dissolution if applicable: July 21, 2009  
(no more than 90 days after dissolution file date)

Signature   
(By the chairman or vice chairman of the board; president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary; by that fiduciary.)

Dr. Sherry A. White  
(Typed or printed name of the person signing)

President/CEO  
(Title of person signing)

**FILING FEE: \$35**