

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 08, 2010
Secretary of State

DOCUMENT# N03000007871

Entity Name: UNITED CEREBRAL PALSY OF TAMPA BAY FOUNDATION, INC.**Current Principal Place of Business:**2215 E HENRY AVE
TAMPA, FL 33610**New Principal Place of Business:****Current Mailing Address:**2215 E HENRY AVE
TAMPA, FL 33610**New Mailing Address:****FEI Number:** 30-0216715**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**GRECO, RICHARD
2215 E HENRY AVE
TAMPA, FL 33610 US**Name and Address of New Registered Agent:**WHITE, LAURA J
2215 E HENRY AVE
TAMPA, FL 33610 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: LAURA J. WHITE

07/08/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: STORM, CHIP
Address: 1913 W. DEKLE AVENUE
City-St-Zip: TAMPA, FL 33606

Title: VP
Name: WARD, ALYSSA
Address: 100 S. ASHLEY DRIVE, SUITE 1300
City-St-Zip: TAMPA, FL 33602 US

Title: SEC
Name: ARTHUR, DOUGLAS
Address: 3013 W. CHAPIN AVENUE
City-St-Zip: TAMPA, FL 33611 US

I hereby 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 all other like empowered.

SIGNATURE: CHIP STORM

PRES

07/08/2010

Electronic Signature of Signing Officer or Director

Date