

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 APR -8 AM 10: 4:0

DOCUMENT # **N03849 (9)**

1. Corporation Name
UNITED CEREBRAL PALSY OF TAMPA BAY, INC.



Principal Place of Business Mailing Address
**%NADINE ZIGLAR JOHNSON
2215 E HENRY AVENUE
TAMPA FL 33610**

3. Date Incorporated or Qualified **06/22/1984** 3a. Date of Last Report **03/02/1995**
4. FEI Number **59-0714818** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**JOHNSON, NADINE ZIGLAR
2215 E HENRY AVENUE
TAMPA FL 33610**

10. Name and Address of New Registered Agent
81 Name **KAREN E. RYALS**
82 Street Address (P.O. Box Number is Not Acceptable) **2215 EAST HENRY AVENUE**
83
84 City **TAMPA** FL 85 Zip Code **33610**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *Karen E. Ryals* **KAREN RYALS, EXECUTIVE DIRECTOR** DATE **3/8/96**

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	JAY, ARTHUR	
STREET ADDRESS	801 PASADENA AVE, S	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KLEIN, C. R	
STREET ADDRESS	5003 POE AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JAEB, WENDY	
STREET ADDRESS	3310 W. MAIN ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MAYNARD, JOHN	
STREET ADDRESS	ONE TAMPA CITY CENTER ST., #2480	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MARTIN, STEVE	
STREET ADDRESS	4400 N. ARMENIA AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	BOARD MEMBER - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	PRESIDENT - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	money deposited by bank	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	\$700	
63 STREET ADDRESS		
64 CITY-ST-ZIP	96 cus dec	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Steve Martin* **STEVE MARTIN, TREASURER** DATE **3/8/96** (813) 872-1203

CR2E037 (12/95)