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Jan 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N03849 (9)

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



Principal Place of Business Mailing Address
KADINE ZIGLAR JOHNSON
2215 E HENRY AVENUE
TAMPA FL 33610
KADINE ZIGLAR JOHNSON
2215 E HENRY AVENUE
TAMPA FL 33610-4432

3. Date Incorporated or Qualified 06/22/1984
3a. Date of Last Report 04/08/1996
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 UNITED CEREBRAL PALSY 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27
23 Zip Country 28
24 25 29 30

9. Name and Address of Current Registered Agent
RYALS, KAREN E
2215 E HENRY AVENUE
TAMPA FL 33610

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 EXECUTIVE DIRECTOR 1/6/97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
D JAY, ARTHUR
801 PASADENA AVE, S
ST PETERSBURG FL
PD MAYNARD, JOHN
ONE TAMPA CITY CENTER ST., #2480
TAMPA FL
TD MARTIN, STEVE
4400 N. ARMENIA AVE.
TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0047724

CR2E037 (9/96)