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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N03849 (9)
1. Corporation Name
UNITED CEREBRAL PALSY OF TAMPA BAY, INC.



Principal Place of Business %NADINE ZIGLAR JOHNSON 2215 E HENRY AVENUE TAMPA FL 33610	Mailing Address %NADINE ZIGLAR JOHNSON 2215 E HENRY AVENUE TAMPA FL 33610
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3. Date Incorporated or Qualified 06/22/1984	
4. FEI Number 59-0714818	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 UNITED CEREBRAL PALSY Suite, Apt. #, etc.	2a. Mailing Address 26 2215 E. HENRY Suite, Apt. #, etc.
22 City & State 23 TAMPA FL	27 City & State 28 TAMPA FL
24 Zip 33610	25 Country USA
29 Zip 33610	30 Country USA

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A

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
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 **KAREN E. RYALS, EXECUTIVE DIRECTOR 1/9/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE D	<input checked="" type="checkbox"/> DELETE
NAME JAY, ARTHUR	
STREET ADDRESS 801 PASADENA AVE, S	
CITY-ST-ZIP ST PETERSBURG FL	
TITLE PD	<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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME RISMILLER, KATHY	
1.3 STREET ADDRESS 101 E. KENNEDY BLVD, Ste 1500	
1.4 CITY-ST-ZIP TAMPA, FL 33602-5194	
2.1 TITLE CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME MAYNARD, JOHN	
2.3 STREET ADDRESS ONE PROGRESS PLAZA, SUITE 150	
2.4 CITY-ST-ZIP ST. PETERSBURG, FL 33701	
3.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME MARTIN, STEVE	
3.3 STREET ADDRESS 5401 W. WATERS AVE.	
3.4 CITY-ST-ZIP TAMPA, FL 33634	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: Sandra B. Mortham **RECEIVED** 1/9/98 (813) 877-1351

CR2E037 (10/97)