

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90021 011 ****61.25

DOCUMENT # N03849

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



Principal Place of Business
 UNITED CEREBRAL PALSY
 2215 E HENRY AVENUE
 TAMPA, FL 33610 US

Mailing Address
 2215 E HENRY
 TAMPA, FL 33610 US

54004689



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
 59-0714818

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RYALS, KAREN E
 2215 E HENRY AVENUE
 TAMPA, FL 33610

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **KAREN E RYALS**

2/6/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME MILLER, SHELIA Delete
 STREET ADDRESS 2601 HERON LANE NORTH
 CITY-ST-ZIP CLEARWATER, FL 33762

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD
 NAME BRILL, LEE Delete
 STREET ADDRESS 401 E JACKSON ST STE 2900
 CITY-ST-ZIP TAMPA, FL 33602

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD
 NAME HARTNETT, JOSEPH Delete
 STREET ADDRESS 2202 N WESTSHORE BLVD
 CITY-ST-ZIP TAMPA, FL 33607

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE CTD
 NAME MAYNARD, JOHN Delete
 STREET ADDRESS 710 CARILLON PARKWAY
 CITY-ST-ZIP SAINT PETERSBURG, FL 33716

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Karen E Ryals** **KAREN E RYALS** **2/6/04** **813.239.1179**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #