

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03849

FILED
May 20, 2005
Secretary of State

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

Current Principal Place of Business:

UNITED CEREBRAL PALSY
2215 E HENRY AVENUE
TAMPA, FL 33610 US

New Principal Place of Business:

Current Mailing Address:

2215 E HENRY
TAMPA, FL 33610 US

New Mailing Address:

FEI Number: 59-0714818 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MILLER, SHELIA
Address: 2601 HERON LANE NORTH
City-St-Zip: CLEARWATER, FL 33762

Title: VD () Delete
Name: BRILL, LEE
Address: 401 E JACKSON ST STE 2900
City-St-Zip: TAMPA, FL 33602

Title: SD () Delete
Name: HARTNETT, JOSEPH
Address: 2202 N WESTSHORE BLVD
City-St-Zip: TAMPA, FL 33607

Title: CTD (X) Delete
Name: MAYNARD, JOHN
Address: 710 CARILLON PARKWAY
City-St-Zip: SAINT PETERSBURG, FL 33716

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MORRISSEY, DANIEL
Address: 3800 CITIBANK CENTET, A3-03
City-St-Zip: TAMPA, FL 33610

Title: VD (X) Change () Addition
Name: HILL, COLEMAN DR
Address: 5520 W IDLEWILD AVE
City-St-Zip: TAMPA, FL 33634

Title: S&TD (X) Change () Addition
Name: LIVINGSTON, JOHN
Address: 401 E JACKSON ST. STE 2900
City-St-Zip: TAMPA, FL 33602

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KAREN E RYALS

CEO

05/20/2005

Electronic Signature of Signing Officer or Director

Date