

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03849

FILED  
May 04, 2007  
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: LIVINGSTON, JOHN  
Address: 401 E JACKSON ST. STE 2900  
City-St-Zip: TAMPA, FL 33602

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

Title: S&TD ( ) Delete  
Name: DICESARO, JIM  
Address: 5002 W. WATERS AVENUE  
City-St-Zip: TAMPA, FL 33634

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

CEO

05/04/2007

\_\_\_\_\_  
Date