

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03849

FILED
Sep 29, 2008
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:

2215 E HENRY AVENUE
TAMPA, FL 33610 US

Current Mailing Address:

2215 E HENRY
TAMPA, FL 33610 US

New Mailing Address:

2215 E HENRY AVENUE
TAMPA, FL 33610 US

FEI Number: 59-0714818 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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: KAREN E. RYALS

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TAKAGISHI, JENNIFER DR.
Address: 17 DAVIS BLVD., SUITE 100
City-St-Zip: TAMPA, FL 33602

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

Title: SEC (X) Change () Addition
Name: ALLEN, VALERIE
Address: 4502 WOODLAND CORPORATION BLVD.
City-St-Zip: TAMPA, FL 33614

Title: TREA () Change (X) Addition
Name: BORRECA, JASON
Address: 4355 HENDERSON BLVD
City-St-Zip: TAMPA, FL 33629

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: JENNIFER TAKAGISHI

PRES

09/29/2008

Electronic Signature of Signing Officer or Director

Date