

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03849

FILED
Jan 29, 2009
Secretary of State

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

Current Principal Place of Business:

2215 E HENRY AVENUE
TAMPA, FL 33610 US

New Principal Place of Business:

Current Mailing Address:

2215 E HENRY AVENUE
TAMPA, FL 33610 US

New Mailing Address:

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

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:

BROOKS, DAVID W
2215 E HENRY AVENUE
TAMPA, FL 33610 US

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: DAVID W. BROOKS 01/29/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TAKAGISHI, JENNIFER DR.
Address: 10411 LIGHTNER BRIDGE DRIVE
City-St-Zip: TAMPA, FL 33626

Title: VP (X) Change () Addition
Name: BELLO, JOSE
Address: 9312 ROCKPORT PLACE
City-St-Zip: TAMPA, FL 33626

Title: SEC (X) Change () Addition
Name: ALLEN, VALERIE
Address: 4025 E. MILLER AVENUE
City-St-Zip: TAMPA, FL 33617

Title: TREA (X) Change () Addition
Name: BORRECA, JASON
Address: 11138 WINDSOR PLACE CIRCLE
City-St-Zip: TAMPA, FL 33626

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: DAVID W. BROOKS DIR 01/29/2009

Electronic Signature of Signing Officer or Director Date