

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03849

FILED  
Jan 20, 2010  
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:**

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

**Name and Address of New Registered Agent:**

WHITE, LAURA  
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: LAURA WHITE

01/20/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: TAKAGISHI, JENNIFER DR.  
Address: 10411 LIGHTNER BRIDGE DRIVE  
City-St-Zip: TAMPA, FL 33626

Title: VP  
Name: BELLO, JOSE  
Address: 9312 ROCKPORT PLACE  
City-St-Zip: TAMPA, FL 33626

Title: S/T  
Name: COUSINS, CAROL  
Address: 11228 BLOOMINGTON DRIVE  
City-St-Zip: TAMPA, FL 33635

I hereby 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 all other like empowered.

SIGNATURE: RICHARD GRECO

COO

01/20/2010

Electronic Signature of Signing Officer or Director

Date