

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N17458 (3)**

1. Corporation Name

**UNITED CEREBRAL PALSY OF SOUTH FLORIDA FOUNDATIO
N, INC.**

Principal Place of Business

Mailing Address

1411 N.W. 14 AVE.
MIAMI FL 33125

1411 N.W. 14 AVE.
MIAMI FL 33125

APPROVED
AND
FILED

95 MAY - 1 11 9:47

SECRETARY OF STATE
TALLAHASSEE
DO NOT WRITE IN THIS SPACE FLORIDA

3. Date Incorporated or Qualified **10/22/1986** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0315514** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**ANIELLO, JOSEPH A.
1411 N.W. 14 AVE.
MIAMI FL 33125**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SCHILLINGER, JACK
STREET ADDRESS	1225 N.E. 93 ST.
CITY - ST - ZIP	MIAMI SHORES FL
TITLE	VD
NAME	NOLAN, E. HAL
STREET ADDRESS	316 N.W. 78 AVE.
CITY - ST - ZIP	PLANTATION FL
TITLE	STD
NAME	NOBOA, A. ANTHONY
STREET ADDRESS	10301 S DIXIE HWY
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	LUSTIG, ROY
STREET ADDRESS	2800 DOUGLAS S911
CITY - ST - ZIP	CORAL GABLES FL
TITLE	D
NAME	ANIELLO, JOSEPH A
STREET ADDRESS	1411 NW 14 AVE
CITY - ST - ZIP	MIAMI FL.
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	MIAMI SHORES, FL 33138
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	PLANTATION, FL 33324
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	9600 COLLINS AVENUE
3.4 CITY - ST - ZIP	BAL HARBOR, FL 33154
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	CORAL GABLES, FL 33134
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	MIAMI, FL 33125
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE: _____ (Typed name and title of signing officer or director)
Joseph A. Aniello, Exec. Dir. (Date) **5-2-95** (Signature) **305-547-2187**