

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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 FOUNDATION, INC.**



Principal Place of Business <b>1411 N.W. 14 AVE. MIAMI FL 33125</b>	Mailing Address <b>1411 N.W. 14 AVE. MIAMI FL 33125</b>
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3. Date Incorporated or Qualified <b>10/22/1986</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>65-0315514</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> A	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHILLINGER, JACK	1.2 NAME	
STREET ADDRESS	1225 N.E. 93 ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI SHORES FL	1.4 CITY - ST - ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLAN, E. HAL	2.2 NAME	
STREET ADDRESS	316 N.W. 78 AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	2.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOBOA, A. ANTHONY	3.2 NAME	
STREET ADDRESS	9600 COLLINS AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	BAL HARBOR FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUSTIG, ROY	4.2 NAME	
STREET ADDRESS	2600 DOUGLAS S911	4.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANIELLO, JOSEPH A	5.2 NAME	
STREET ADDRESS	1411 NW 14 AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ Date: **01/12/96** Day/te Phone #: **305-325-1080**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Joseph A. Aniello, B.A.D.**

CR2E037 (12/95)