

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

Mailing Address

**1411 N.W. 14 AVE.
MIAMI FL 33125**

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MIAMI FL 33125**



3. Date Incorporated or Qualified
10/22/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANIELLO, JOSEPH A.
1411 N.W. 14 AVE.
MIAMI FL 33125**

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 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD SCHILLINGER, JACK**
STREET ADDRESS **1225 N.E. 93 ST.**
CITY - ST - ZIP **MIAMI SHORES FL**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE ☒ DELETE
NAME **VD NOLAN, E. HAL**
STREET ADDRESS **316 N.W. 78 AVE.**
CITY - ST - ZIP **PLANTATION FL**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **STD NOBOA, A. ANTHONY**
STREET ADDRESS **9600 COLLINS AVENUE**
CITY - ST - ZIP **BAL HARBOR FL**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **D LUSTIG, ROY**
STREET ADDRESS **2600 DOUGLAS S911**
CITY - ST - ZIP **CORAL GABLES FL**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **D ANIELLO, JOSEPH A**
STREET ADDRESS **1411 NW 14 AVE**
CITY - ST - ZIP **MIAMI FL**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph A. Aniello, Board

01/13/96

Date

305-325-1080

Daytime Phone #

CR2E037 (12/95)