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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N17458

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

Principal Place of Business 1411 N.W. 14 AVE. MIAMI FL 33125	Mailing Address 1411 N.W. 14 AVE. MIAMI FL 33125
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/22/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0315514
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <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 33138	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOBOA, A. ANTHONY	2.2 NAME	
STREET ADDRESS	9600 COLLINS AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOR FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUSTIG, ROY	3.2 NAME	
STREET ADDRESS	2600 DOUGLAS S911	3.3 STREET ADDRESS	ADD ZIP CODE 33134
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	
TITLE	PMD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANIELLO, JOSEPH A	4.2 NAME	
STREET ADDRESS	1411 NW 14 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL. 33125	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2/3/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)