

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17458

FILED
Jan 06, 2006
Secretary of State

Entity Name: UNITED CEREBRAL PALSY OF SOUTH FLORIDA FOUNDATION, INC.

Current Principal Place of Business:

10899 S.W. 4TH ST.
MIAMI, FL 33174

New Principal Place of Business:

2700 WEST 81 STREET
HIALEAH, FL 33016

Current Mailing Address:

P. O. BOX 160879
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 65-0315514 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROY R. LUSTIG, ESQ.
2600 DOUGLAS RD, STE 908
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: SCHILLINGER, JACK,
Address: 1225 N.E. 93 ST.
City-St-Zip: MIAMI SHORES, FL 33138

Title: D () Delete
Name: LUSTIG, ROY,
Address: 2600 DOUGLAS #908
City-St-Zip: CORAL GABLES, FL 33134

Title: PD () Delete
Name: ANIELLO, JOSEPH A,
Address: 10899 S.W. 4TH ST.
City-St-Zip: MIAMI, FL 33174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: ANIELLO, JOSEPH A,
Address: 2700 WEST 81 STREET
City-St-Zip: HIALEAH, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSEPH ANIELLO

DR.

01/06/2006

Electronic Signature of Signing Officer or Director

_____ Date