

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17458

FILED  
Feb 10, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2700 WEST 81 STREET  
HIALEAH, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

2700 WEST 81 STREET  
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.  
ONE SE THIRD AVENUE  
1210 SUNTRUST INTERN'L CENTER  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

ROY R. LUSTIG, ESQ.  
ONE SE THIRD AVENUE  
SUITE 1210  
MIAMI, FL 33131 US

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

02/10/2009

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: 1 SE 3 AVE, 1210 SUNTRUST INTER'L CENTER  
City-St-Zip: MIAMI, FL 33131

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: LUSTIG, ROY,  
Address: 1 SE 3 AVE SUITE 1210  
City-St-Zip: MIAMI, FL 33131

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

I hereby certify that the information supplied with this filing does not qualify 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 A. ANIELLO, ED.D.

Electronic Signature of Signing Officer or Director

PRES

02/10/2009

Date