

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:

02/10/2009

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: 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.

PRES

02/10/2009

Electronic Signature of Signing Officer or Director

Date