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FILED

Jan 23 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # N40855 (1)**

1. Corporation Name

**UNITED CEREBRAL PALSY OF PALM BEACH & MID-COAST  
COUNTIES, INC.**

Principal Place of Business

Mailing Address

**3030 S. DIXIE HWY  
STE. 15  
W PALM BCH FL 33409  
US****3117 SW 13 CT  
FT LAUDERDALE FL 33312-2714  
US**3. Date Incorporated or Qualified  
**10/15/1990**3a. Date of Last Report  
**01/26/1996**

2. Principal Place of Business

2a. Mailing Address

**21****26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22****27**

City &amp; State

City &amp; State

**23****28**

Zip

Country

Zip

Country

**24****25****29****30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANIELLO, JOSEPH  
1411 N.W. 14TH AVENUE  
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	PD	<input type="checkbox"/> DELETE
NAME	BLANZ, REGINA	
STREET ADDRESS	4400 W. SAMPLE ROAD #142	
CITY - ST - ZIP	COCONUT CREEK FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCGINNIS, TOM	
STREET ADDRESS	1400 CARANDIS CIR	
CITY - ST - ZIP	W PALM BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ZIMMERMAN, JEAN	
STREET ADDRESS	PO BOX 3086 NA	
CITY - ST - ZIP	TEQUESTA FL	
TITLE	DM	<input type="checkbox"/> DELETE
NAME	ANIELLO, JOSEPH	
STREET ADDRESS	1411 N.W. 14TH AVENUE	
CITY - ST - ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LAYMAN, KATHY	
STREET ADDRESS	250 AUSTRALIAN AVE. S.	
CITY - ST - ZIP	W. PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>S/D ZIMMERMAN, JEAN</b>
33 STREET ADDRESS	<b>PO BOX 3086 NA</b>
34 CITY - ST - ZIP	<b>TEQUESTA, FL 33469</b>
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>T/D MAHONEY, JAMES H.</b>
43 STREET ADDRESS	<b>625 NORTH FLAGLER DR., 8TH FLOOR</b>
44 CITY - ST - ZIP	<b>WEST PALM BEACH, FL 33401-4025</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0036171

CR2E037 (9/96)