

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90180 018 ****70.00

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DOCUMENT # N40855

1. Corporation Name

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

Principal Place of Business

3030 S. DIXIE HWY
STE. 15
W PALM BCH FL 33409
US

Mailing Address

3117 SW 13 CT
FT LAUDERDALE FL 33312
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/15/1990

4. FEI Number

65-0229776

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ANIELLO, JOSEPH
1411 N.W. 14TH AVENUE
MIAMI FL 33125

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME PD
STREET ADDRESS BLANZ, REGINA
4400 W. SAMPLE ROAD #142
CITY-ST-ZIP COCONUT CREEK FL

TITLE ☒ DELETE

NAME RD
STREET ADDRESS MCCANNIS, TOM
1400 GARANDIS CIR
CITY-ST-ZIP W PALM BCH FL

TITLE ☐ DELETE

NAME SD
STREET ADDRESS ZIMMERMAN, JEAN
PO BOX 3086 NA
CITY-ST-ZIP TEQUESTA FL

TITLE ☐ DELETE

NAME DM
STREET ADDRESS ANIELLO, JOSEPH
1411 N.W. 14TH AVENUE
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME VD
STREET ADDRESS LAYMAN, KATHY
250 AUSTRALIAN AVE. S.
CITY-ST-ZIP W. PALM BEACH FL

TITLE ☐ DELETE

NAME TD
STREET ADDRESS MAHONEY, JAMES H
625 N FLAGLER DR, 8TH FLOOR
CITY-ST-ZIP WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME CO
1.3 STREET ADDRESS BLANZ, REGINA
1.4 CITY-ST-ZIP 4400 W. SAMPLE ROAD #142
COCONUT CREEK, FL 33073-3458

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME SD
3.3 STREET ADDRESS Zimmerman, Jean
3.4 CITY-ST-ZIP PO Box 3086 NA
TEQUESTA, FL 33469

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME PM
4.3 STREET ADDRESS ANIELLO, JOSEPH
4.4 CITY-ST-ZIP 1411 NW 14 AVENUE
MIAMI, FL 33125

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME VD
5.3 STREET ADDRESS LAYMAN, KATHY
5.4 CITY-ST-ZIP PO Box 24703
West Palm Beach, FL 33416

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME TD
6.3 STREET ADDRESS MAHONEY, JAMES, H
6.4 CITY-ST-ZIP 777 South Flagler Drive, #700
West Palm Beach, FL 33401

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)