


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90054 038 \*\*\*\*70.00

<b>DOCUMENT # N40855</b> 1. Entity Name <b>UNITED CEREBRAL PALSY OF PALM BEACH &amp; MID-COAST COUNTIES, INC.</b>					
Principal Place of Business <b>3595 2 AVENUE NORTH LAKE WORTH, FL 33461 US</b>			Mailing Address <b>10899 S.W. 4 STREET MIAMI, FL 33174 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LUSTIG, ROY R 2600 DOUGLAS ROAD CORAL GABLES, FL 33134</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RANGEL, RICHARD</b>		NAME		
STREET ADDRESS	<b>25 W. FLAGLER STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33130</b>		CITY-ST-ZIP		
TITLE	PMD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ANIELLO, JOSEPH A</b>		NAME		
STREET ADDRESS	<b>10899 S.W. 4TH STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33174</b>		CITY-ST-ZIP		
TITLE	CD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BONCHIK, NORMAN</b>		NAME		
STREET ADDRESS	<b>441 S.W. 12TH AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DEERFIELD BEACH, FL 33442</b>		CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STEINHART, CRAIG</b>		NAME		
STREET ADDRESS	<b>2501 N.E. 22ND TERRACE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33305</b>		CITY-ST-ZIP		
TITLE	VCD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SPIVAK, RUTH</b>		NAME		
STREET ADDRESS	<b>7290 KINGHURST DR., #310</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33446</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-14-04		305 547-2189 <small>Daytime Phone #</small>