## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Oct 23, 2009 DOCUMENT# N40855 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 

3595 2 AVENUE NORTH LAKE WORTH, FL 33461 US

**Current Mailing Address: New Mailing Address:** 

2700 W. 81 STREET HIALEAH, FL 33016 US

FEI Number: 65-0229776 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

LUSTIG, ROY R ONE SÉ THIRD AVE **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:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

CHAI (X) Change ( ) Addition () Delete BONCHICK, NORMAN ANIELLO, JOSEPH PRESCEO Name: Name: 10743 ST. ANDREWS Address: 2700 W. 81 STREET Address: BOYNTON BEACH, FL 33436 City-St-Zip: HIALEAH, FL 33016 City-St-Zip:

Title: VCHA () Delete Title: (X) Change ( ) Addition

RANGEL, RICHARD Name: GLUCK, LINDA VP CFO Name: Address: 350 EAST LAS OLAS BLVD. SUITE 1130 Address: 2700 W. 81 STREET City-St-Zip: FT. LAUDERDALE,, FL 33301 City-St-Zip: HIALEAH, FL 33016

Title: TREA () Delete Title: **TREA** (X) Change ( ) Addition STEINHART, CRAIG GLUCK, LINDA VP CFO Name: Name:

Address: 2501 NE 22 TERRACE Address: 2700 W. 81 STREET FT. LAUDERDALE, FL 33305 City-St-Zip: City-St-Zip: HIALEAH, FL 33016

Title: CEME Title: **ASEC** (X) Change ( ) Addition () Delete Name: SCHILLINGER, JACK Name: TERENZIO, DEBBIE VP COO Address: 1225 NE 93 STREET Address: 2700 W. 81 STREET City-St-Zip: MIAMI, FL 33138 City-St-Zip: HIALEAH, FL 33016

Title: **PRES** (X) Delete Title: () Change () Addition

ANIELLO, JOSEPH Name: Name: 2700 W. 81 STREET Address: Address: City-St-Zip: HIALEAH, FL 33016 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 **PRES** 10/23/2009