

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40855

FILED
Jan 06, 2010
Secretary of State

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

Current Principal Place of Business:

3595 2 AVENUE NORTH
LAKE WORTH, FL 33461 US

New Principal Place of Business:

Current Mailing Address:

2700 W. 81 STREET
HIALEAH, FL 33016 US

New Mailing Address:

FEI Number: 65-0229776

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LUSTIG, ROY R
ONE SE THIRD AVE
SUITE 1210
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: ANIELLO, JOSEPH PRESCEO
Address: 2700 W. 81 STREET
City-St-Zip: HIALEAH, FL 33016

Title: SEC
Name: GLUCK, LINDA VP CFO
Address: 2700 W. 81 STREET
City-St-Zip: HIALEAH, FL 33016

Title: TREA
Name: GLUCK, LINDA VP CFO
Address: 2700 W. 81 STREET
City-St-Zip: HIALEAH, FL 33016

Title: ASEC
Name: TERENCE, DEBBIE VP COO
Address: 2700 W. 81 STREET
City-St-Zip: HIALEAH, FL 33016

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH ANIELLO, ED.D.

PRES

01/06/2010

Electronic Signature of Signing Officer or Director

Date