FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 27 PM 3: 15

DOCUMENT # N94000001513 (0)

1. Corporation Name

UNITED CEREBRAL PALSY OF TALLAHASSEE, INC.

Principal Place of Business	Mailing Address
1624 BUFORD CT TALLAHASSEE FL 32308	1624 BUFORD CT TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/28/1994
3a. Date of Last Report:
4. FEI Number: 65-0493697 — Applied For / Not Applicable
5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 c/o Les Leech, Jr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. 9040 Sunset Dr., suite 70-A
23 City & State	28 City & State Miami Florida
24 Zip / 25 Country	29 Zip 33173 / 30 Country Dade

9. Name and Address of Current Registered Agent

LEECH, LESLIE W JR
9040 SUNSET DR
SUITE 70-A
MIAMI FL 33173

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 607.0502 and 607.1508, 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 607.0505, 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	NAME	STREET ADDRESS	CITY-ST-ZIP
D	WETHERINGTON, GLORIA	3320 NE 18TH TER	OAKLAND PARK FL 33306-1008
D	WEINGER, STEVEN M	2650 SW 27TH AVE	MIAMI FL 33133
D	SPELIOS, GEORGE L	10729 SW 117TH CT	MIAMI FL 33186
D	TUCKER, GERALDINE	8100 SW 133RD CT	MIAMI FL 33183
D	GREENBERG, BARNETT A	7761 SW 176TH ST	MIAMI FL 33157

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

#	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change / Addition
1	President	Leslie W. Leech, Jr.	9040 Sunset Dr., suite 70-A	Miami, FL 33173	☒ Addition
2	Secretary / Treasurer	James G. Weeks	9040 Sunset Dr., suite 70-A	Miami, FL 33173	☒ Addition
3					☐ Change ☐ Addition
4					☐ Change ☐ Addition
5					☐ Change ☐ Addition
6					☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] 2/3/95 594-9040
Signature and typed or printed name of signing officer or director: LESLIE W. LEECH, JR.
Date / Daytime Phone #

0087412