

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000001513 (0)

1. Corporation Name

UNITED CEREBRAL PALSY OF TALLAHASSEE, INC.



Principal Place of Business

Mailing Address

**1824 BUFORD CT
TALLAHASSEE FL 32308**

**C/O LES LEECH, JR
9040 SUNSET DR., STE. 70-A
MIAMI FL 33173
US**

3. Date Incorporated or Qualified
03/28/1994

3a. Date of Last Report
02/27/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE **D** ☐ DELETE
NAME **WETHERINGTON, GLORIA**
STREET ADDRESS **3320 NE 18TH TER**
CITY-ST-ZIP **OAKLAND PARK FL 33306-1008**

1.1 TITLE **D** ☐ Change ☐ Addition
1.2 NAME **GREENBERG, BARNETT A**
1.3 STREET ADDRESS **7761 SW 176th Street**
1.4 CITY-ST-ZIP **Miami, FL 33157**

TITLE **SD** ☒ DELETE
NAME **WEEKS, JAMES G**
STREET ADDRESS **9040 SUNSET DR., STE., 70-A**
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE **S/T** ☐ Change ☐ Addition
2.2 NAME **WEEKS, JAMES G.**
2.3 STREET ADDRESS **9040 Sunset Dr., Ste 70-A**
2.4 CITY-ST-ZIP **Miami, FL 33173**

TITLE **D** ☐ DELETE
NAME **SPELIOS, GEORGE L**
STREET ADDRESS **10729 SW 117TH CT**
CITY-ST-ZIP **MIAMI FL 33186**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **TUCKER, GERALDINE**
STREET ADDRESS **8100 SW 133RD CT**
CITY-ST-ZIP **MIAMI FL 33183**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **GREENBERG, BARNETT A**
STREET ADDRESS **7761 SW 176TH ST**
CITY-ST-ZIP **MIAMI FL 33157**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE
NAME **LEECH, LESLIE W JR**
STREET ADDRESS **9040 SUNSET DR., STE. 70-A**
CITY-ST-ZIP **MIAMI FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96

Date

305-596-9040

Daytime Phone #

CR2E037 (12/95)