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# FILED
# Feb 25 1997 8:00am
# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
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<br>TALLAHASSEE FL 32808 | C/O LES LEECH. JR<br>9040 SUNSET DR., STE. 70-A<br>MIAMI FL 33173-3454<br>US |

| | |
|---|---|
| 3. Date Incorporated or Qualified: 03/28/1994 | 3a. Date of Last Report: 02/21/1996 |
| 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 | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 1830 Buford Court | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 Tallahassee, FL | City & State<br>28 |
| Zip / Country<br>24 32308 25 US | Zip / Country<br>29 30 |

**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 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 | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | WETHERINGTON, GLORIA | | 1.2 NAME | |
| STREET ADDRESS | 3320 NE 18TH TER | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | OAKLAND PARK FL 33306-1008 | | 1.4 CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | GREENBERG, BARNETT A. | | 2.2 NAME | |
| STREET ADDRESS | 7761 SW 176TH STREET | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | | 2.4 CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | SPELIOS, GEORGE L | | 3.2 NAME | |
| STREET ADDRESS | 10729 SW 117TH CT | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33186 | | 3.4 CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | TUCKER, GERALDINE | | 4.2 NAME | |
| STREET ADDRESS | 8100 SW 133RD CT | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33183 | | 4.4 CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | GREENBERG, BARNETT A | | 5.2 NAME | |
| STREET ADDRESS | 7761 SW 176TH ST | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33157 | | 5.4 CITY-ST-ZIP | |
| TITLE | P | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | LEECH, LESLIE W JR | | 6.2 NAME | |
| STREET ADDRESS | 9040 SUNSET DR., STE. 70-A | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | | 6.4 CITY-ST-ZIP | |

CR2E037 (9/96)

**14.** I do 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 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] 2/18/97 305-596-9040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0032725