2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007
Secretary of State

DOCUMENT# N94000001513

Entity Name: UNITED CEREBRAL PALSY OF TALLAHASSEE, INC.

Current Principal Place of Business:

1830 BUFORD COURT
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0493697 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEECH, LESLIE W JR
9040 SUNSET DR
SUITE A
MIAMI, FL 33173 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:	D	( ) Delete
Name:	WETHERINGTON, GLORIA A	
Address:	3320 NE 18TH TER	
City-St-Zip:	OAKLAND PARK, FL 333061008	
Title:	D	( ) Delete
Name:	GREENBERG, BARNETT A	
Address:	7761 SW 176TH STREET	
City-St-Zip:	MIAMI, FL 33157	
Title:	D	( ) Delete
Name:	PUJOL, ROSE	
Address:	1755 FAIRHAVEN PLACE	
City-St-Zip:	MIAMI, FL 33133	
Title:	D	( ) Delete
Name:	TUCKER, GERALDINE	
Address:	8100 SW 133RD CT	
City-St-Zip:	MIAMI, FL 33183	
Title:	D	( ) Delete
Name:	WEINGER, STEVEN M	
Address:	2650 SW 27 AVE	
City-St-Zip:	MIAMI, FL 33133	
Title:	P	( ) Delete
Name:	LEECH, LESLIE W JR	
Address:	9040 SUNSET DR., SUITE A	
City-St-Zip:	MIAMI, FL 33173	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: LESLIE W. LEECH, JR. PRES 02/08/2007

Electronic Signature of Signing Officer or Director — Date