

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001513

FILED
Feb 16, 2010
Secretary of State

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
Name: WETHERINGTON, GLORIA A
Address: 3320 NE 18TH TER
City-St-Zip: OAKLAND PARK, FL 333061008

Title: D
Name: GREENBERG, BARNETT A
Address: 7761 SW 176TH STREET
City-St-Zip: MIAMI, FL 33157

Title: D
Name: PUJOL, ROSE
Address: 1755 FAIRHAVEN PLACE
City-St-Zip: MIAMI, FL 33133

Title: D
Name: TUCKER, GERALDINE
Address: 8100 SW 133RD CT
City-St-Zip: MIAMI, FL 33183

Title: D
Name: WEINGER, STEVEN M
Address: 2650 SW 27 AVE
City-St-Zip: MIAMI, FL 33133

Title: P
Name: LEECH, LESLIE W JR
Address: 9040 SUNSET DR., SUITE A
City-St-Zip: MIAMI, FL 33173

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: LESLIE W. LEECH, JR.

PRES

02/16/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date