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NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Feb 06 1998 8:00am
Secretary of State

DOCUMENT # **N96000002053 (4)**

1. Corporation Name

UNITED CEREBRAL PALSY OF NORTHEAST FLORIDA, INC.

Principal Place of Business

Mailing Address

**1411 N.W. 14TH AVENUE
MIAMI FL 33125**

**1411 N.W. 14TH AVENUE
MIAMI FL 33125**



3. Date Incorporated or Qualified

04/16/1996

4. FEI Number

65-0727821

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANIELLO, JOSEPH
1411 N.W. 14TH AVENUE
MIAMI FL 33125**

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

TITLE CPD
NAME SCHILLINGER, JACK
STREET ADDRESS 1225 NE 93 ST
CITY-ST-ZIP MIAMI FL

TITLE MD
NAME ANIELLO, JOSEPH A.
STREET ADDRESS 1411 NW 14TH AVE
CITY-ST-ZIP MIAMI FL

TITLE STD
NAME LUSTIG, ROG R
STREET ADDRESS 2600 DOUGLAS RD., #91
CITY-ST-ZIP CORAL GABLES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C/D
1.2 NAME Schillinger, Jack
1.3 STREET ADDRESS 1225 N.E. 93 ST
1.4 CITY-ST-ZIP Miami, FL 33138

2.1 TITLE P/M/D
2.2 NAME Anello, Joseph A.
2.3 STREET ADDRESS 1411 N.W. 14th Ave.
2.4 CITY-ST-ZIP Miami, FL 33125

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

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

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

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

14. I 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 REQUIRED**

1-21-97

CR2E037 (10/97)