

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90054 040 ****70.00



DOCUMENT # N96000002053
 1. Entity Name
UNITED CEREBRAL PALSY OF NORTHEAST FLORIDA, INC.

Principal Place of Business
 10899 S.W. 4TH ST.
 MIAMI, FL 33174

Mailing Address
 10899 S.W. 4TH ST.
 MIAMI, FL 33174

37007511



2. Principal Place of Business		3. Mailing Address		01122004	Chg-NP	CR2E037 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number	Applied For	
Zip		Country		65-0727821	Not Applicable	
				5. Certificate of Status Desired	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROY R. LUSTIG, ESQ. 2600 DOUGLAS RD, STE 908 CORAL GABLES, FL 33134			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BONCHICK, NORMAN 441 S.W. 12TH AVE DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMD ANIELLO, JOSEPH A. 1411 NW 14TH AVE MIAMI, FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMD <i>ANIELLO</i> Aniello, Joseph A. 10899 S.W. 4th Street Miami, FL 33174 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RANGEL, RICHARD 25 W FLAGLER STREET MIAMI, FL 33130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD SPIVAK, RUTH 7290 KINGHURST DR STE 310 DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEINHART, CRAIG 2501 N.E. 22ND TERRACE FORT LAUDERDALE, FL 33305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **1-14-04 305 547-2189**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #