

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002053

FILED  
Feb 04, 2009  
Secretary of State

**Entity Name:** UNITED CEREBRAL PALSY OF NORTHEAST FLORIDA, INC.

**Current Principal Place of Business:**

2700 WEST 81 STREET  
HIALEAH, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

2700 WEST 81 STREET  
HIALEAH, FL 33016

**New Mailing Address:**

**FEI Number:** 65-0727821

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ROY R. LUSTIG, ESQ.  
ONE SE THIRD AVE  
1210 SUNTRUST INTERN'L CENTRE  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

ROY R. LUSTIG, ESQ.  
ONE SE THIRD AVE  
SUITE 1210  
MIAMI, FL 33131 US

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:

02/04/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: BONCHICK, NORMAN  
Address: 10742 ST. ANDREWS ROAD  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: PMD ( ) Delete  
Name: ANIELLO, JOSEHP A  
Address: 2700 WEST 81 STREET  
City-St-Zip: HIALEAH, FL 33016

Title: SD ( ) Delete  
Name: RANGEL, RICHARD  
Address: 25 W FLAGLER STREET  
City-St-Zip: MIAMI, FL 33130

Title: VCD ( ) Delete  
Name: SPIVAK, RUTH  
Address: 7290 KINGHURST DR STE 310  
City-St-Zip: DELRAY BEACH, FL 33446

Title: TD (X) Delete  
Name: STEINHART, CRAIG  
Address: 2501 N.E. 22ND TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CHAI (X) Change ( ) Addition  
Name: BONCHICK, NORMAN  
Address: 10743 ST. ANDREWS ROAD  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VCHA (X) Change ( ) Addition  
Name: RANGEL, RICHARD  
Address: 350 EAST LAS OLAS BLVD.  
City-St-Zip: FT. LAUDERDALE,, FL 33301

Title: TREA (X) Change ( ) Addition  
Name: STEINHART, CRAIG  
Address: 2501 NE 22 TERRACE  
City-St-Zip: FT. LAUDERDALE, FL 33305

Title: CEME (X) Change ( ) Addition  
Name: SCHILLINGER, JACK  
Address: 1225 NE 93 STREET  
City-St-Zip: MIAMI, FL 33138

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

Title: PRES ( ) Change (X) Addition  
Name: ANIELLO, JOSEPH A  
Address: 2700 W. 81 STREET  
City-St-Zip: HIALEAH,, FL 33016

I hereby certify that the information supplied with this filing does not qualify 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: JOSEPH A. ANIELLO, ED.D.

PRES

02/04/2009

Electronic Signature of Signing Officer or Director

Date