

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90056 042 \*\*\*\*61.25

**DOCUMENT # N96000003031**

1. Corporation Name

**CEREBRAL PALSY OF NORTHEAST FLORIDA FOUNDATION,  
INC.**

Principal Place of Business

3311 BEACH BOULEVARD  
JACKSONVILLE FL 32207-3893

Mailing Address

3311 BEACH BOULEVARD  
JACKSONVILLE FL 32207-3893



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

06/05/1996

4. FEI Number

59-3449774

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**SMITH HULSEY & BUSEY  
1800 FIRST UNION NATIONAL BANK  
225 WATER ST  
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

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 ☐ DELETE  
NAME **D ROSS, BRENT**  
STREET ADDRESS **4153 TORINO PLACE**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE  
NAME **D DUVALL, JOHN E**  
STREET ADDRESS **121 WEST FORSYTH ST, STE 1000**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE  
NAME **D HAY, JONATHAN L**  
STREET ADDRESS **115 SOLONO WOODS DR**  
CITY-ST-ZIP **PONTE VEDRA BEACH FL**

TITLE ☐ DELETE  
NAME **D SHANKS, DANIEL E M.D.**  
STREET ADDRESS **3276 HIDDEN LAKE DR**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME **CD**  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **VCD**  
5.3 STREET ADDRESS **HURST, GERALD F.**  
5.4 CITY-ST-ZIP **1550 HENDRICKS AVENUE**

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **SD**  
6.3 STREET ADDRESS **POWER, JR., GERALD R.**  
6.4 CITY-ST-ZIP **200 WEST FORSTYHE STREET**  
**JACKSONVILLE, FLORIDA 32202**

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 attached page.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-99 (904) 396-1462

CR2E037 (11/98)