

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 705432

**Entity Name:** UNITED CEREBRAL PALSY OF BROWARD, PALM BEACH AND MID-COAST COUNTIES, INC

**FILED**  
**Jan 05, 2018**  
**Secretary of State**  
**CC7277787921**

**Current Principal Place of Business:**

3117 SW 13TH COURT  
FT LAUDERDALE, FL 33312

**Current Mailing Address:**

2700 WEST 81 STREET  
HIALEAH, FL 33016

**FEI Number: 59-0174817**

**Certificate of Status Desired: Yes**

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

LUSTIG, ROY RESQ  
28 W. FLAGLER STREET  
SUITE 710, COURTHOUSE PLAZA  
MIAMI, FL 33130 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES.  
Name            ANIELLO, JOSEPH  
Address        2700 W. 81 STREET  
City-State-Zip: HIALEAH FL 33016

Title            CEO-SEC-TREA  
Name            GLUCK, LINDA  
Address        2700 WEST 81 STREET  
City-State-Zip: HIALEAH FL 33016

Title            VP-ASEC  
Name            TERENCE, DEBBIE  
Address        2700 WEST 81 STREET  
City-State-Zip: HIALEAH FL 33016

Title            COO-ASEC  
Name            KAPPS, LEIGH  
Address        2700 WEST 81 STREET  
City-State-Zip: HIALEAH FL 33016

*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: JOSEPH ANIELLO**

**PRESIDENT**

**01/05/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date