

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707578

Entity Name: UNITED CEREBRAL PALSY OF CENTRAL FLORIDA, INC.**Current Principal Place of Business:**4780 DATA COURT
ORLANDO, FL 32817**Current Mailing Address:**4780 DATA COURT
ORLANDO, FL 32817 US**FEI Number:** 59-0799925**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILKINS, ILENE
4780 DATA COURT
ORLANDO, FL 32817 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	CHAIR
Name	BEHMER, JESSICA
Address	4780 DATA COURT
City-State-Zip:	ORLANDO FL 32817

Title	TREASURER
Name	SAND, ERIK
Address	4780 DATA COURT
City-State-Zip:	ORLANDO FL 32817

Title	PRESIDENT, CEO
Name	WILKINS, ILENE
Address	4780 DATA COURT
City-State-Zip:	ORLANDO FL 32817

Title	SR DIRECTOR OF FINANCE
Name	ROBLES, SONIA M
Address	4780 DATA COURT
City-State-Zip:	ORLANDO FL 32817

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: DR. ILENE WILKINS

PRESIDENT / CEO

01/06/2021

Electronic Signature of Signing Officer/Director Detail_____
Date