

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711630

Entity Name: CEREBRAL PALSY ADULT HOME, INCORPORATED**Current Principal Place of Business:**1405 NORTHWEST 10TH STREET
DANIA, FL 33004**Current Mailing Address:**1001 NE 3RD AVE
POMPANO BEACH, FL 33060**FEI Number:** 59-1161328**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JOHNSON, SANDY
2411 N.E. 31ST COURT
LIGHTHOUSE POINT, FL 33064 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	PRESIDENT
Name	SULLIVAN, JUDY
Address	2200 N.E. 32ND STREET
City-State-Zip:	LIGHTHOUSE POINT FL 33064

Title	STD
Name	JOHNSON, SANDY
Address	2411 N.E. 31ST COURT
City-State-Zip:	LIGHTHOUSE POINT FL 33064

Title	VP
Name	CLINE, DEBBIE
Address	1140 N.E. 27TH AVENUE
City-State-Zip:	POMPANO BEACH FL 33062

Title	CEO
Name	BISHOP, RANDALL L.
Address	1405 NORTHWEST 10TH STREET
City-State-Zip:	DANIA FL 33004

Title	RECORDING SECRETARY
Name	WALDO, LEE
Address	2361 N.E. 48TH COURT
City-State-Zip:	LIGHTHOUSE POINT FL 33064

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: RANDALL L. BISHOP**CEO****02/22/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date