

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 716013

**FILED**  
**Jan 21, 2013**  
**Secretary of State**  
**CC9858048229**

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

**Current Principal Place of Business:**

1100 JIMMY ANN DR  
DAYTONA BCH, FL 32117

**Current Mailing Address:**

1100 JIMMY ANN DR  
DAYTONA BCH, FL 32117 US

**FEI Number: 23-7026771**

**Certificate of Status Desired: No**

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

BYRD, CRAIG A  
1100 JIMMY ANN DR  
DAYTONA BCH, FL 32117 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 P  
Name BYRD, CRAIG  
Address 1100 JIMMY ANN DR.  
City-State-Zip: DAYTONA BEACH FL 32117

Title CD  
Name CASEY, BROOKS  
Address 1100 JIMMY ANN DR.  
City-State-Zip: DAYTONA BEACH FL 32117

Title VD  
Name BEST, ED  
Address 1100 JIMMY ANN DRIVE  
City-State-Zip: DAYTONA BEACH FL 32117

Title TD  
Name MYNCHENBERG, PARKER  
Address 1100 JIMMY ANN DRIVE  
City-State-Zip: DAYTONA BEACH FL 32117

Title SD  
Name MCNEIL, JUANITA  
Address 1100 JIMMY ANN DRIVE  
City-State-Zip: DAYTONA BEACH FL 32117

*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: BROOKS CASEY**

**CHAIRMAN**

**01/21/2013**

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

\_\_\_\_\_  
Date