

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 740625

**FILED**  
**Jan 05, 2017**  
**Secretary of State**  
**CC9763451888**

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

**Current Principal Place of Business:**

9040 SUNSET DRIVE  
MIAMI, FL 33173

**Current Mailing Address:**

9040 SUNSET DRIVE  
MIAMI, FL 33173 US

**FEI Number:** 59-1796622

**Certificate of Status Desired:** Yes

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

WRAY, ZACHARY  
9040 SUNSET DRIVE  
MIAMI, FL 33173 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:** ZACHARY WRAY

01/05/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name MCMACKIN, F J III  
Address 9040 SUNSET DRIVE  
City-State-Zip: MIAMI FL 33173

Title D  
Name WEINGER, STEVEN M  
Address 2650 SW 27TH AVENUE, 2ND FL  
City-State-Zip: MIAMI FL 33133

Title D  
Name WETHERINGTON, GLORIA A  
Address 9040 SUNSET DRIVE  
City-State-Zip: MIAMI FL 33173

Title P  
Name WRAY, ZACHARY  
Address 9040 SUNSET DR. SUITE A  
City-State-Zip: MIAMI FL 33173

Title ST  
Name DAVIDSON, KAREN  
Address 9040 SUNSET DR. SUITE A  
City-State-Zip: MIAMI FL 33173

*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:** ZACHARY WRAY

**PRESIDENT**

01/05/2017

Electronic Signature of Signing Officer/Director Detail

Date