

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90283 049 \*\*\*\*61.25

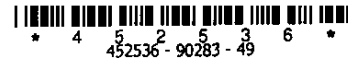
DOCUMENT # N44622✓

1. Corporation Name

Polio/Post-Polio Resource Group of  
Central Florida INC

Principal Place of Business

Mailing Address



2. Principal Place of Business

21 481 Meadowood Blvd

2a. Mailing Address

26 481 Meadowood Blvd

3. Date Incorporated or Qualified

7-1-91

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3110507

Applied For

Not Applicable

City & State

23 FERN PARK FL

City & State

28 FERN PARK FL

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

Zip

Country

24 32730

25 Seminole

Zip

Country

29 32730

30 Seminole

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

J. ANN Singleton

82 Street Address (P.O. Box Number is Not Acceptable)

481 Meadowood Blvd

83

84 City

FERN PARK

FL

85 Zip Code

32730

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

J. Ann Singleton

4-21-99

DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	J. ANN Singleton		
1.3 STREET ADDRESS	481 Meadowood Blvd		
1.4 CITY-ST-ZIP	FERN PARK FL 32730		
2.1 TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	Helen C. Hessel		
2.3 STREET ADDRESS	581 Little River Loop #164		
2.4 CITY-ST-ZIP	Altamonte Springs FL 32714		
3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	George L. Singer		
3.3 STREET ADDRESS	2861 Mapleton Lane		
3.4 CITY-ST-ZIP	MT. Dora FL 32757		
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

J. Ann Singleton

4/21/99

Date

Daytime Phone #

CR2E037 (11/98)