

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90008 028 ****61.25

DOCUMENT # N44622

1. Entity Name
**POLIO/POST-POLIO RESOURCE GROUP OF CENTRAL
FLORIDA, INC.**



Principal Place of Business
**481 MEADOWOOD BLVD
FERN PARK, FL 32730**

Mailing Address
**481 MEADOWOOD BLVD
FERN PARK, FL 32730 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3110507

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SINGLETON, J. ANN
481 MEADOWOOD BLVD
FERN PARK, FL 32730**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **AUDREY S. DAVIS TREASURER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/12/04
DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **SINGLETON, J. ANN**
STREET ADDRESS **481 MEADOWOOD BLVD**
CITY-ST-ZIP **FERN PARK, FL**

TITLE **DT** ☐ Delete
NAME **DAVIS, AUDREY S**
STREET ADDRESS **2907 STALLION DR**
CITY-ST-ZIP **ORLANDO, FL 32822**

TITLE **D** ☐ Delete
NAME **DAVIS, WAYNE**
STREET ADDRESS **2907 STALLEN DR**
CITY-ST-ZIP **ORLANDO, FL 32822**

TITLE **D** ☒ Delete
NAME **LITSINGER, GEORGE**
STREET ADDRESS **2861 NAPOLTON**
CITY-ST-ZIP **MOUNT DORA, FL 32757**

TITLE **D** ☒ Delete
NAME **SIECK, LILITH**
STREET ADDRESS **4101-130 FAIRVIEW VISTA**
CITY-ST-ZIP **ORLANDO, FL 32804**

TITLE **D** ☐ Delete
NAME **DOBLMEIER, JOE**
STREET ADDRESS **118 GLASGOW CT**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **MARILYN J. HILLER**
STREET ADDRESS **2911 STALLION DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32822**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Audrey S. Davis, Treasurer