

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 21, 2005 08:00 AM
Secretary of State**

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**



01032005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 **J. ANN SINGLETON - DP**

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

(NOTE: Registered Agent signature required when reinstating)

1/03/05

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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01/24/05 00101 010 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SINGLETON, J. ANN
STREET ADDRESS	481 MEADOWOOD BLVD
CITY-ST-ZIP	FERN PARK, FL
TITLE	DT
NAME	DAVIS, AUDREY S
STREET ADDRESS	2907 STALLION DR
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	D
NAME	DAVIS, WAYNE
STREET ADDRESS	2907 STALLION DR
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	D
NAME	MILLER, MARILYN J
STREET ADDRESS	2911 STALLION DRIVE
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	D
NAME	DOBLMEIER, JOE
STREET ADDRESS	118 GLASGOW CT
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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.

SIGNATURE: **J. Ann Singleton** (J. Ann Singleton 1-3-05 407-260-923)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #