

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90016 021 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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

J. Ann Singleton

(NOTE: Registered Agent signature required when reinstating)

2/4/08

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 NAME STREET ADDRESS CITY- ST- ZIP | DP SINGLETON, J. ANN 481 MEADOWOOD BLVD FERN PARK FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | DT DAVIS, AUDREY S 2907 STALLION DR ORLANDO FL 32822 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | D DAVIS, WAYNE 2907 STALLION DR ORLANDO FL 32822 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | D HILLER, MARILYN J 2911 STALLION DRIVE ORLANDO FL 32822 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | D DOBLMEIER, JOE 118 GLASGOW CT WINTER SPRINGS FL 32708 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | S PRIEST, BILLIE B 2926 PINELoch BLVD ORLANDO FL 32806 | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | D NEUMAN, AL 10304 LOLLIPOP LANE ORLANDO, FLA 32821 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Audrey S. Davis AUDREY S. DAVIS-TREASURER 2/4/08 407-275-1904