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May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004019 (3)**

1. Corporation Name

FIRST COAST POST POLIO SUPPORT GROUP, INC.



Principal Place of Business 1600 SHETTER AVENUE STE 109 JACKSONVILLE BEACH FL 32250	Mailing Address 1600 SHETTER AVENUE STE 109 JACKSONVILLE BEACH FL 32250-2662
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3. Date Incorporated or Qualified 07/31/1996	3a. Date of Last Report 7-31-96
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2. Principal Place of Business 21 2717 FRESNO DR. Suite, Apt. #, etc. 22 City & State 23 JACKSONVILLE, FLORIDA Zip 24 32250 Country 25 DUVAL	2a. Mailing Address 26 2717 FRESNO DR. Suite, Apt. #, etc. 27 City & State 28 JACKSONVILLE, FLORIDA Zip 29 32250 Country 30 DUVAL
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4. FEI Number 59-3395813	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRIDGES, SUE D
1600 SHETTER AVENUE STE 109
JACKSONVILLE BEACH FL 32250

81 Name SUE D. BRIDGES
82 Street Address (P.O. Box Number is Not Acceptable) 2717 FRESNO DRIVE
83
84 City JACKSONVILLE FL 85 Zip Code 32250

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 *Sue D. Bridges* *President* **4-9-97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SUE D. BRIDGES 2717 FRESNO DRIVE JACKSONVILLE, FLORIDA 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT DOROTHY DECUYERS 7832 LAWN VOUCHER LANE JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MARY LOU NORTON 2638 LONG BOW COURT SOUTH PORTA VERRA BROOK, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JOSEPH RAKER 1608 SOUTH EDGEWOOD AVE JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE JOSEPH TAWNEY 3221 ST. NICHOLAS AVE. JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE CLOUDE HARPER 13658 GORDONIA COURT JACKSONVILLE, FL 32224

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 do 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.

SIGNATURE: *Sue D. Bridges* *President* **4-9-97** **904 992-3769**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0008714

CR2E037 (9/96)