

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N96000004019 (3)**

1. Corporation Name

FIRST COAST POST POLIO SUPPORT GROUP, INC.

Principal Place of Business

Mailing Address

**2717 FRESNO DR.
JACKSONVILLE FL 32250
US**

**2717 FRESNO DR
JACKSONVILLE FL 32250
US**

3. Date Incorporated or Qualified

07/31/1996

4. FEI Number

59-3395813

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRIDGES, SUE D
2717 FRESNO DRIVE
JACKSONVILLE FL 32250**

81 Name

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

83

84 City

FL

85 Zip Code

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 BRIDGES *Sue Bridges*

JANUARY 12, 1998

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

(NO Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

☐ DELETE

NAME

**BRIDGES, SUE D
2717 FRESNO DRIVE
JACKSONVILLE FL**

1.1 TITLE

☐ Change

☐ Addition

STREET ADDRESS

CITY - ST - ZIP

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE

VP

☐ DELETE

NAME

**DECVERS, DOROTHY
7832 FAWN VALLEY LANE
JACKSONVILLE FL**

2.1 TITLE

☐ Change

☐ Addition

STREET ADDRESS

CITY - ST - ZIP

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE

S

☐ DELETE

NAME

**NORTON, MARY LOU
2638 LONG BOW COURT SOUTH
PONTE VERDA BEACH FL**

3.1 TITLE

☐ Change

☐ Addition

STREET ADDRESS

CITY - ST - ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

T

☐ DELETE

NAME

**RAKER, JOSEPH
1808 SOUTH EDGEWOOD AVE
JACKSONVILLE FL**

4.1 TITLE

☐ Change

☐ Addition

STREET ADDRESS

CITY - ST - ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE

T

☐ DELETE

NAME

**TAWNEY, JOSEPH
3221 ST. NICHOLAS AVE
JACKSONVILLE FL**

5.1 TITLE

☐ Change

☐ Addition

STREET ADDRESS

CITY - ST - ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

T

☐ DELETE

NAME

**HARPER, CLAUDE
13658 GORDONIA COURT
JACKSONVILLE FL**

6.1 TITLE

☐ Change

☐ Addition

STREET ADDRESS

CITY - ST - ZIP

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.

SIGNATURE:

Sue Bridges **President**

**904-992-3769
JANUARY 12, 1998**

CR2E037 (1097)