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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004019

1. Corporation Name

FIRST COAST POST POLIO SUPPORT GROUP, INC.

Principal Place of Business

2717 FRESNO DR.
JACKSONVILLE FL 32250
US

Mailing Address

2717 FRESNO DR
JACKSONVILLE FL 32250
US



2. Principal Place of Business

21 3221 St. Nicholas Ave.

2a. Mailing Address

26 PO BOX 19835

3. Date Incorporated or Qualified

07/31/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3395813

Applied For

Not Applicable

City & State

23 Jacksonville, FL.

City & State

28 Jacksonville, FL.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

24 32207

25 usa

Zip

Country

29 32245

30 usa

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BRIDGES, SUE D
2717 FRESNO DRIVE
JACKSONVILLE FL 32250

10. Name and Address of New Registered Agent

81 Name

Joseph Tawney

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

3221 St. Nicholas St.

83

84 City

Jacksonville

FL

85 Zip Code

322

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

Joseph Tawney - President

3/24/99

DATE

OFFICERS AND DIRECTORS

12. ☒ DELETE

TITLE P
NAME BRIDGES, SUE D
STREET ADDRESS 2717 FRESNO DRIVE
CITY-ST-ZIP JACKSONVILLE FL

13. ☒ DELETE

TITLE VP
NAME DECVERS, DOROTHY
STREET ADDRESS 7832 FAWN VALLEY LANE
CITY-ST-ZIP JACKSONVILLE FL

14. ☐ DELETE

TITLE S
NAME NORTON, MARY LOU
STREET ADDRESS 2638 LONG BOW COURT SOUTH
CITY-ST-ZIP PONTE VERDA BEACH FL

15. ☐ DELETE

TITLE T
NAME RAKER, JOSEPH
STREET ADDRESS 1608 SOUTH EDGEWOOD AVE
CITY-ST-ZIP JACKSONVILLE FL

16. ☒ DELETE

TITLE T
NAME TAWNEY, JOSEPH
STREET ADDRESS 3221 ST. NICHOLAS AVE
CITY-ST-ZIP JACKSONVILLE FL

17. ☒ DELETE

TITLE T
NAME HARPER, CLAUDE
STREET ADDRESS 13658 GORDONIA COURT
CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Joseph Tawney
1.3 STREET ADDRESS 3221 St. Nicholas St.
1.4 CITY-ST-ZIP Jacksonville, Florida 32207

2.1 TITLE Vice-President ☒ Change ☐ Addition
2.2 NAME Stuart Caplin
2.3 STREET ADDRESS 2785 E. Holly Point
2.4 CITY-ST-ZIP Orange Park, FL.

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Trustee ☒ Change ☐ Addition
5.2 NAME Sue Bridges
5.3 STREET ADDRESS 2717 Fresno Dr.
5.4 CITY-ST-ZIP Jacksonville, FL 32250

6.1 TITLE Trustee ☒ Change ☐ Addition
6.2 NAME Phil Ness
6.3 STREET ADDRESS 2717 Fresno Dr.
6.4 CITY-ST-ZIP Jacksonville, FL 32250

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.01(3)(b), 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, with all other like empowered.

SIGNATURE: *Joseph Tawney* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/99 399-4873

CR25037 (11/98)