

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004019

FILED
Jan 06, 2006
Secretary of State

Entity Name: FIRST COAST POST POLIO SUPPORT GROUP, INC.

Current Principal Place of Business:

13119 BLACKHAWK TRAIL CT
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

13119 BLACKHAWK TRAIL CT
JACKSONVILLE, FL 32225 US

Current Mailing Address:

New Mailing Address:

13119 BLACKHAWK TRAIL CT
JACKSONVILLE, FL 32225 US

13119 BLACKHAWK TRAIL CT
JACKSONVILLE, FL 32225 US

FEI Number: 59-3395813 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASKWITH, JANICE
13119 BLACKHAWK TRAIL CT
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HUTCHINSON, KATHY
Address: 4762 EMPIRE AVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP () Delete
Name: ASKWITH, JANICE
Address: 13119 BLACKHAWK TRAIL CT
City-St-Zip: JACKSONVILLE, FL 32225

Title: S () Delete
Name: NAHM, EULIE
Address: 13047 ROCKY RIVER ROAD N
City-St-Zip: JACKSONVILLE, FL 32224

Title: T () Delete
Name: NAHM, EULIE
Address: 13047 ROCKY RIVER ROAD N
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: BRYNILDSON, DAVID A
Address: 10532 TANGLEWILDE DR W
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: RAKER, JOE
Address: 1608 S EDGEWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ASKWITH, JANICE
Address: 13119 BLACKHAWK TRAIL CT
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP (X) Change () Addition
Name: HUTCHINSON, KATHY
Address: 4762 EMPIRE AVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANICE ASKWITH

P

01/06/2006

Electronic Signature of Signing Officer or Director

Date