

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004019

FILED  
Jan 23, 2008  
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:**

**Current Mailing Address:**

13119 BLACKHAWK TRAIL CT  
JACKSONVILLE, FL 32225 US

**New Mailing Address:**

**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: ASKWITH, JANICE  
Address: 13119 BLACKHAWK TRAIL CT  
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP ( ) Delete  
Name: RODRIGUES, SANDRA  
Address: 254 VENETIAN BLVD  
City-St-Zip: ST AUGUSTINE, FL 32065

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

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

Title: S (X) Change ( ) Addition  
Name: KILGORE, SHEILA  
Address: 3105 OVERHILL DRIVE  
City-St-Zip: JACKSONVILLE, FL 32277

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

01/23/2008

Electronic Signature of Signing Officer or Director

Date