

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004019

FILED
May 06, 2009
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: KILGORE, SHEILA
Address: 3105 OVERHILL DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

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: HAMILTON, CHARLES (BILL)
Address: 1952 BLUEBONNET WAY
City-St-Zip: ORANGE PARK, FL 32203

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

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: D (X) Change () Addition
Name: CAPLIN, STUART
Address: 2785 EAST HOLLY PT ROAD
City-St-Zip: ORANGE PARK, FL 32073

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 F ASKWITH

VP

05/06/2009

Electronic Signature of Signing Officer or Director

Date