

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004019

FILED
Jan 16, 2012
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
Name: POWELL, JIM
Address: 10961 BURNT MILL RD. #1316
City-St-Zip: JACKSONVILLE, FL 32256

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

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

Title: T
Name: MOSS, PHYLLIS T
Address: 2659 SKIPTON COURT
City-St-Zip: JACKSONVILLE, FL 32225

Title: D
Name: NAHM, EULIE
Address: 13047 ROCKY RIVER ROAD N
City-St-Zip: JACKSONVILLE, FL 32225

Title: D
Name: CAPLIN, STUART
Address: 2785 EAST HOLLY PT ROAD
City-St-Zip: ORANGE PARK, FL 32073

I hereby 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 all other like empowered.

SIGNATURE: PHYLLIS T. MOSS

T

01/16/2012

Electronic Signature of Signing Officer or Director

Date