

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90527 024 ****61.25

DOCUMENT # N96000004019

1. Entity Name

FIRST COAST POST POLIO SUPPORT GROUP, INC.



Principal Place of Business

**3757 BUCKSKIN TRAILWAY
JACKSONVILLE FL 32277
US**

Mailing Address

**3757 BUCKSKIN TRAILWAY
JACKSONVILLE FL 32277
US**

2. Principal Place of Business

1815 EADY LANE

3. Mailing Address

1815 EADY LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

YULEE, FLORIDA

YULEE, FLORIDA

City & State

City & State

32097

US

Zip

Country

32097

US

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3395813**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ECKERT, PHILLIPPA
3757 BUCKSKIN TRAIL W
JACKSONVILLE FL 32277**

7. Name and Address of New Registered Agent

Name

LOYD, BETTY

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

1815 EADY LANE

City

YULEE, FL

City

FL

Zip Code

32097

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Betty A. Loyd

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-14-03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VP** ☒ Delete
NAME **OLSEN, KATHY**
STREET ADDRESS **1844 LEEWARD LANE**
CITY-ST-ZIP **NEPTUNE BEACH FL 32233**

TITLE **P** ☒ Delete
NAME **ECKERT, PHILLIPPA**
STREET ADDRESS **3757 BUCKSTEIN TRAIL WEST**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **S** ☒ Delete
NAME **PHILLIPS, LYNNA**
STREET ADDRESS **2345 WALTERS RD**
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **T** ☐ Delete
NAME **CAMERON, CARL**
STREET ADDRESS **715 ACAPULCO RD**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **D** ☐ Delete
NAME **BRYNILDSON, DAVID A**
STREET ADDRESS **10532 TANGLEWILDE DR W**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **D** ☐ Delete
NAME **RAKER, JOE**
STREET ADDRESS **1608 S EDGEWOOD AVE**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☒ Change ☐ Addition
NAME **ECKERT, PHILLIPPA**
STREET ADDRESS **3757 BUCKSKIN TRAIL W**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **P** ☒ Change ☐ Addition
NAME **LOYD, BETTY**
STREET ADDRESS **1815 EADY LANE**
CITY-ST-ZIP **YULEE, FL 32097**

TITLE **S** ☒ Change ☐ Addition
NAME **FERGUSON, HELEN**
STREET ADDRESS **1864 CHRISTOPHER POINT RD N**
CITY-ST-ZIP **JACKSONVILLE, FL 32217**

TITLE **T** ☐ Change ☐ Addition
NAME **CAMERON, CARL**
STREET ADDRESS **715 ACAPULCO RD**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE **D** ☐ Change ☒ Addition
NAME **DR. STUART CAPLIN**
STREET ADDRESS **2785 EAST HOLLY POINT RD**
CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE **D** ☐ Change ☐ Addition
NAME **BRYNILDSON, DAVID A**
STREET ADDRESS **10532 TANGLEWILDE DR W**
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Betty A. Loyd* **BETTY A. LOYD**

1-14-03 904225-8059

CR2E037 (10/02)