2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90337 045 ****61.25

DOCUMENT # N01000003995

1. Entity Name
THE POST POLIO ASSOCIATION OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
516 N.E. 199 TERRACE MIAMI, FL 33176	516 N.E. 199 TERRACE MIAMI, FL 33176

04152004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
2660 SE 7th Place Suite, Apt. #, etc.	2660 SE 7th Place Suite, Apt. #, etc.
City & State: Homestead, FL	City & State: Homestead, FL
Zip: 33033 Country: USA	Zip: 33033 Country: USA

4. FEI Number 20-0165349 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GEBEL, SIMA
516 N.E. 199 TERRACE
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name: Barbara Gratzke
Street Address (P.O. Box Number is Not Acceptable): 2660 SE 7th Place
City: Homestead FL Zip Code: 33033

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: Barbara Gratzke Co-Pres. DATE: 4/16/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GEBEL, SIMA 516 N.E. 199 TERRACE MIAMI, FL 33176	☒ Delete	P/T/D Barbara Gratzke 2660 SE 7th Place Homestead, FL 33033	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD THAYER, DONALD 2907 JEFFERSON STREET MIAMI, FL 33133	☒ Delete	P/D Nanette Wolf 22840 SW 167 Ave. Miami, FL 33170	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LUPISELL, CAROL 6905 SW 6 STREET PEMBROKE PINES, FL 33023	☐ Delete	 6901 SW 6 St.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WALL, ALICE 600 NE 25 STREET MIAMI, FL 33137	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GRITSKE, BARBARA 2660 SE 7 PL BISCAYNE PARK, FL 33161	☒ Delete	VP/D Debra Marshall 642 SE 27 Drive Homestead, FL 33033	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	VP/D Lou Celle Fertik 3101 Country Club Dr. Aventura, FL 33180	☐ Change ☒ Addition

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: Barbara Gratzke Barbara Gratzke 4/16/04 (305)230-0687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #