

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003995

FILED
Apr 29, 2007
Secretary of State

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

Current Principal Place of Business:

2660 SE 7TH PLACE
HOMESTEAD, FL 33033

New Principal Place of Business:

Current Mailing Address:

2660 SE 7TH PLACE
HOMESTEAD, FL 33033

New Mailing Address:

FEI Number: 20-0165349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GRATZKE, BARBARA
2660 SE 7TH PLACE
HOMESTEAD, FL 33033 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: PD () Delete
Name: GRATZKE, BARBARA
Address: 2660 SE 7TH PLACE
City-St-Zip: HOMESTEAD, FL 33033

Title: PD () Delete
Name: WOLF, NANETTE
Address: 22840 SW 167 AVE
City-St-Zip: MIAMI, FL 33170

Title: VD () Delete
Name: WYLIE, SARA
Address: 138 SWEET BAY CIRCLE
City-St-Zip: JUPITER, FL 33458

Title: SD () Delete
Name: ABEL-POSTAL, SUSAN
Address: 3451 NE 210 ST
City-St-Zip: AVENTURA, FL 33180

Title: VD () Delete
Name: GEBEL, SIMA
Address: 516 NE 199 TERRACE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: TD () Delete
Name: RICHMOND, PATRICIA
Address: 11901 SW 177 TER
City-St-Zip: MIAMI, FL 33177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD (X) Change () Addition
Name: WYLIE, SARA
Address: 1192 CLUB LANE
City-St-Zip: GAHANNA, OH 43230

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: PATRICIA RICHMOND

TD

04/29/2007

Electronic Signature of Signing Officer or Director

Date