FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

N41066

(4)

THE POST POLIO SUPPORT GROUP OF PALM BEACH COUNT

Y, INC	•				
Principal Place of Business		Mailing Address		4 soomitiet die digde stati duild E	urin drur dente dravi diniu diniu diniu 4900 (60)
855 HAWTHORNE DR LAKE PARK FL 33403 US		855 HAWTHORNE DR LAKE PARK FL 33403 US			
-11-1				 Date Incorporated or Qualified 11/29/1990 	3a. Date of Last Report 03/29/1995
398	ace of Business Cindy Drive	2a. Mailing Address 26 398 Cindy	Drive	4. FEI Number 65-0230310	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
	Palm Beach, FL	City & State 28 West Palm	Beach, F	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 3341			Country Palm Be	8. This corporation has liability for Elorida Statutes	or intangible tax under s. 199.032, ☐ Yes ඣ No
-	9. Name and Address of Current	Registered Agent		10. Name and Address of New	Registered Agent
			81 Name		
MCDONOUGH, MICHAEL 12798 FOREST HILL BLVD				Address (P.O. Box Number is Not Accepta	able)
S201A WEST PALM BEACH FL 33401			83		
			84 City		FL 85 Zip Code
11. Pursuant i or register familiar wi	to the provisions of Sections 617,0502 a red agent, or both, in the State of Florida th, and accept the obligations of, Sectio	nd 617.1508, Florida Statutes, tl Such change was authorized b	he above-named co y the corporation's	rporation submits this statement for the p board of directors. I hereby accept the ap	urpose of changing its registered office pointment as registered agent. I am
SIGNATURE	and decopt the abigations of, decid	1011.0000, Florida Statutes.			
SIGNATURE ,	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: R	egistered Agent signature re	equired when reinstating	DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OR	FFICERS AND DIRECTORS IN 12
TITLE	VP	K DELETE	1.1 TITLE	P	Change Addition
NAME	DEMASI, CAROLYN		1.2 NAME	Sylvia Shapiro	
STREET ADDRESS	21577 GUARDALAJARA AVE		1.3 STREET ADDRESS	190 Mastic Tree (Pourt
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY - ST - ZIP	Royal Palm Beach,	DT 22411
TITLE	S	DELETE	2 1 TITLE	c Royal Faim Beach;	FL 33411 Addition
NAME	PIPITONE, RALPH		2.2 NAME	Sally Fradken	
STREET ADDRESS	3412 DIANA DR		2 3 STREET ADDRESS	216 NE 20th Ave.	
CITY-ST-ZIP	BOYNTON BEACH FL		2 4 CITY-ST-ZIP	Boynton Beach, FI	33435
TITLE	D NUMBER DODGERY	□ DELF TE	3.1 TITLE	V	Change Addition
NAME	MUIER, ROBERT		32 NAME	Robert Muier	
STREET ADDRESS	5070 OCEAN DR #2C SINGER ISLAND FL		3.3 STREET ADDRESS	5070 Ocean Dr. #2	
CITY-ST-2IP TITLE	D Direct ISLAND FL	Document	34. CITY-ST-ZIP	Singer Island, FI	
	KLEVICKAS, JOSEPH	□ DEL€TE	4.1 TITLE	D	Change Addition
NAME STREET ADDRESS	398 CINDY DR		4. 2 NAME	John Cimino	
	WEST PALM BEACH FL		4.3 STREET ADDRESS	855 Hawthorn Dr.	
CITY-ST-ZIP TITLE	D	DELETE	4.4 CHY-ST-ZIP	Lake Park, FL 33	
NAME	TUNIS, ROSLYN	Detti	5.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	9125 FLYNN CIR #4		5.2 NAME		
CITY-ST-ZIP	BOCA RATON FL		5.3 STREET ADDRESS		
TITLE	T	DELETE	5.4 CITY - ST - ZIP 6 1 TITLE		Chance Addit
NAME	SCHOLINE, LUCY	Libette			☐ Change ☐ Addition
STREET ADDRESS	5317 SUNRISE BLVD.		6.2 NAME		l
CITY-ST-ZIP	DELRAY BEACH FL		6.3 STREET ADDRESS		
91111-0114(F			64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _

SIGNATURE AND TYPE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LUCY Scholine, Treasurer