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Mar 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41066 (4)

1. Corporation Name

THE POST POLIO SUPPORT GROUP OF PALM BEACH COUNT
Y, INC.

Principal Place of Business

398 CINDY DRIVE
WEST PALM BEACH FL 33414
US

Mailing Address

398 CINDY DRIVE
WEST PALM BEACH FL 33414-5156
US

3. Date Incorporated or Qualified

11/29/1990

3a. Date of Last Report

04/11/1996

2. Principal Place of Business

21 75 Vista Del Rio

Suite, Apt. #, etc.

22

City & State

23 Boynton Beach, FL

Zip

24 33425

Country

25 US

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

65-0230310

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

MCDONOUGH, MICHAEL
12798 FOREST HILL BLVD
S201A
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME SYLVIA SHAPIRO
STREET ADDRESS 190 MASTIC TREE COURT
CITY-ST-ZIP ROYAL PALM BEACH FLTITLE S ☒ DELETE
NAME SALLY FRADKEN
STREET ADDRESS 216 NE 20TH AVE
CITY-ST-ZIP BOYNTON BEACH FLTITLE V ☒ DELETE
NAME ROBERT MUIER
STREET ADDRESS 5070 OCEAN DRIVE, #2C
CITY-ST-ZIP SINGER ISLAND FLTITLE D ☐ DELETE
NAME JOHN CIMINO
STREET ADDRESS 855 HAWTHORN DR
CITY-ST-ZIP LAKE PARK FLTITLE D ☒ DELETE
NAME TUNIS, ROSLYN
STREET ADDRESS 9125 FLYNN CIR #4
CITY-ST-ZIP BOCA RATON FLTITLE T ☐ DELETE
NAME SCHOLINE, LUCY
STREET ADDRESS 5317 SUNRISE BLVD.
CITY-ST-ZIP DELRAY BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ☒ Change ☐ Addition
1.2 NAME Jody Taylor
1.3 STREET ADDRESS 1 Harbor Side Drive
1.4 CITY-ST-ZIP Delray Beach, FL 334832.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Lorraine Schiesher
2.3 STREET ADDRESS 452 Australian Circle
2.4 CITY-ST-ZIP Lake Park, FL 334033.1 TITLE D ☐ Change ☐ Addition
3.2 NAME Robert Schiesher
3.3 STREET ADDRESS 452 Australian Circle
3.4 CITY-ST-ZIP Lake Park, FL 334034.1 TITLE D ☒ Change ☐ Addition
4.2 NAME Robert Muier
4.3 STREET ADDRESS 5070 Ocean Drive #2C
4.4 CITY-ST-ZIP Singer Island, FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lucy Scholine

3/3/97

561-496-1235

Daytime Phone # 0041208

CR2E037 (9/96)