

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41066

FILED
Mar 16, 2007
Secretary of State

Entity Name: THE POST POLIO SUPPORT GROUP OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

13104 MEADOWBREEZE DRIVE
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

13104 MEADOWBREEZE DRIVE
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 65-0230310

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADES, A J
13104 MEADOWBREEZE DR
WELLINGTON, FL 33414 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: T () Delete
Name: MADES, HOWARD H MR
Address: 13104 MEADOW BREEZE DR
City-St-Zip: WELLINGTON, FL 334142437

Title: P () Delete
Name: FOGELMAN, WILLIAM MR BILL
Address: 1 HARBOR SIDE DRIVE
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D () Delete
Name: SCHOLINE, LUCY MRS
Address: 10129 41ST DRIVE #191
City-St-Zip: BOYNTON BCH, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MADES, HOWARD H MR
Address: 13104 MEADOW BREEZE DR
City-St-Zip: WELLINGTON, FL 334142437

Title: D (X) Change () Addition
Name: FOGELMAN, WILLIAM MR BILL
Address: 1 HARBOR SIDE DRIVE
City-St-Zip: WEST PALM BEACH, FL 33415

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

I hereby certify that the information supplied with this filing does not qualify for the 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: HOWARD MADES

PRES

03/16/2007

Electronic Signature of Signing Officer or Director

Date