2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41066

FILED Feb 16, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

13104 MEADOWBREEZE DRIVE 13104 MEADOWBREEZE DRIVE WELLINGTON, FL 33414 WELLINGTON, FL 33414

Current Mailing Address: New Mailing Address:

13104 MEADOWBREEZE DRIVE 13104 MEADOWBREEZE DRIVE WELLINGTON, FL 33414 WELLINGTON, FL 33414

FEI Number: 65-0230310 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MADES, ALISAN J MADES, A J 13104 MEADOWBREEZE DR 13104 MEADOWBREEZE DR WELLINGTON, FL 33414 WELLINGTON, FL 33414

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: ALISAN JANE MADES 02/16/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PRES (X) Change () Addition () Delete MADES, HOWARD H MR MADES, HOWARD H MR Name: Name: 13104 MEADOW BREEZE DR Address: 13104 MEADOW BREEZE DR Address: City-St-Zip: WELLINGTON, FL 334142437 City-St-Zip: WELLINGTON, FL 33414 US Title: Title: (X) Change () Addition () Delete FOGELMAN, WILLIAM MR BILL Name: FOGELMAN, WILLIAM MR BILL Name: Address: 1 HARBOR SIDE DRIVE Address: 2581 BARKEY DRIVE #C City-St-Zip: WEST PALM BEACH, FL 33415 City-St-Zip: WEST PALM BEACH, FL 33415 US Title: () Delete Title: (X) Change () Addition SCHOLINE, LUCY MRS SCHOLINE, LUCY MRS Name: Name: 10129 41ST DRIVE #191 Address: 10129 41ST DRIVE #191 Address: City-St-Zip: BOYNTON BCH, FL 33435 City-St-Zip: BOYNTON BCH. FL 33436

Title: Title: () Change (X) Addition () Delete Name:

Name: LEES, FAUSTINA

104 SUNSET BAY DRIVE Address: Address:

City-St-Zip: City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: () Delete Title: () Change (X) Addition

BRONSTIEN, EDWARD L D Name: Name:

401 SAVOIE DRIVE Address: Address:

PALM BEACH GARDENS, FL 33410 US City-St-Zip: City-St-Zip:

Title: () Delete Title: () Change (X) Addition

DOLISLAGER, PHYLLIS Name: Name: Address: Address: 2565 SOUTH OCEAN BLVD #314 PALM BEACH, FL 37882 US City-St-Zip: 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: HOWARD MADES **PRES** 02/16/2008

Electronic Signature of Signing Officer or Director

Date