

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41066

FILED
Apr 30, 2011
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 US

New Principal Place of Business:

Current Mailing Address:

13104 MEADOWBREEZE DRIVE
WELLINGTON, FL 33414 US

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, ALISAN 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: PRES
Name: LEES, FAUSTINA MRS.
Address: 104 SUNSET BAY DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: D
Name: MADES, ALISAN J MRS
Address: 13104 MEADOWBREEZE DR
City-St-Zip: WELLINGTON, FL 33414 US

Title: VP
Name: BROOKS, THOMAS FATHER
Address: 18188 LAUREL LEAF LANE
City-St-Zip: TEQUESTA, FL 33469 US

Title: D
Name: BRONSTIEN, EDWARD L JR.
Address: 401 SAVOIE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: D
Name: ELLIOTT, CHERYL MS.
Address: 3860 MAX PLACE APT.102
City-St-Zip: BOYNTON BEACH, FL 33436 US

I hereby 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 all other like empowered.

SIGNATURE: ALISAN J. MADES

D

04/30/2011

Electronic Signature of Signing Officer or Director

Date