

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41066

FILED
May 07, 2012
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: ELLIOTT, CHERYL MS.
Address: 3880 MAX PLACE APT. 812
City-St-Zip: BOYNTON BEACH, FL 33436 US

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

Title: VP
Name: IKOSTER, IRUTH MRS.
Address: 1900 S OCEAN BLVD.
City-St-Zip: MANALAPAN, FL 33462 US

Title: D
Name: TANYA, WASSON MS.
Address: 9941 61ST WAY S. # D
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: D
Name: COMBS, TOM MR
Address: 5424 KINGBIRD COURT N.E.
City-St-Zip: BELMONT, MI 49306

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: A. JANE MADES

ADM

05/07/2012

Electronic Signature of Signing Officer or Director

Date