

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42193

FILED
Apr 08, 2009
Secretary of State

Entity Name: POST POLIO SYNDROME SUPPORT GROUP OF GREATER FORT LAUDERDALE, INC.

Current Principal Place of Business:

111 S HOLLYBROOK DRIVE
SUITE 108
PEMBROKE PINES, FL 33025 US

New Principal Place of Business:

5722 NW 85 TERRACE
TAMARAC, FL 33321 US

Current Mailing Address:

111 S HOLLYBROOK DRIVE
SUITE 108
PEMBROKE PINES, FL 33025 US

New Mailing Address:

5722 NW 85 TERRACE
TAMARAC, FL 33321 US

FEI Number: 65-0254465

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SACCO, DORA J
111 SOUTH HOLLYBROOK DR
APT 108
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

OLSEN, RUTH
5722 NW 85 TERRACE
TAMARAC, FL 33321 US

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: RUTH OLSEN

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: BILTNER, EUNICE
Address: 9580 WELDON CIRCLE
City-St-Zip: TAMARAC, FL 33321

Title: S () Delete
Name: OLSEN, RUTH
Address: 5722 NW 82 TERRACE
City-St-Zip: TAMARAC, FL 33321

Title: T () Delete
Name: SACCO, DORA J
Address: 111 S HOLLYBROOK DRIVE APT 108
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: PD () Delete
Name: TABICMAN, ROY
Address: 10941 W CLAIRMONT CR 107
City-St-Zip: FORT LAUDERDALE, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OLSEN, RUTH
Address: 5722 NW 85 TERRACE
City-St-Zip: TAMARAC, FL 33321 US

Title: S (X) Change () Addition
Name: BEACH, SANDRA
Address: 9241 NW 20TH PLACE
City-St-Zip: PLANTATION, FL 33322 US

Title: T (X) Change () Addition
Name: MASS, PHYLLIS
Address: 7423 GRANVILLE DRIVE
City-St-Zip: TAMARAC, FL 33321 US

Title: VP (X) Change () Addition
Name: LESSER, BEVERLY
Address: 10422 NW 24TH PL #103
City-St-Zip: SUNRISE, FL 33322 US

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: RUTH OLSEN

P

04/08/2009

Electronic Signature of Signing Officer or Director

Date