

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42193

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

5722 NW 85 TERRACE  
TAMARAC, FL 33321 US

**New Principal Place of Business:**

**Current Mailing Address:**

5722 NW 85 TERRACE  
TAMARAC, FL 33321 US

**New Mailing Address:**

**FEI Number:** 65-0254465

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OLSEN, RUTH  
5722 NW 85 TERRACE  
TAMARAC, FL 33321 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: P  
Name: OLSEN, RUTH  
Address: 5722 NW 85 TERRACE  
City-St-Zip: TAMARAC, FL 33321 US

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

Title: T  
Name: MASS, PHYLLIS  
Address: 7423 GRANVILLE DRIVE  
City-St-Zip: TAMARAC, FL 33321 US

Title: VP  
Name: LESSER, BEVERLY  
Address: 10422 NW 24TH PL #103  
City-St-Zip: SUNRISE, FL 33322 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: RUTH OLSEN

P

04/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date