


FILE NOW: FILING FEE IS \$61.25

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Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90150 047 \*\*\*\*61.25

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|---|--|---|--|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1999                                      |  |  |  | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| DOCUMENT # N44836   |  |   |  |   |  |
| 1. Corporation Name<br>POST POLIO SUPPORT GROUP OF BREVARD, INCORPORATE D     |  |   |  |   |  |
| Principal Place of Business<br>3405 PURDUE STREET<br>MELBOURNE FL 32901<br>US |  |   | Mailing Address<br>485 TEWSBURY LN NE<br>PALM BAY FL 32907<br>US |   |  |



|                                |  |                           |  |   |  |
|--------------------------------|--|---------------------------|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address       |  | 3. Date Incorporated or Qualified                         |  |
| 21                             |  | 26 2361 ERSOFF BLVD. N.E. |  | 08/26/1991  |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc.       |  | 4. FEI Number   |  |
| 22                             |  | 27 Palm Bay FL            |  | 59-3076005  |  |
| City & State                   |  | City & State              |  | 5. Certificate of Status Desired <input type="checkbox"/> |  |
| 23                             |  | 28 32905 BREVARD          |  | \$8.75 Additional Fee Required                            |  |
| Zip                            |  | Zip                       |  | 6. Election Campaign Financing                            |  |
| 24                             |  | 29 32905                  |  | Trust Fund Contribution <input type="checkbox"/>          |  |
| Country                        |  | Country                   |  | \$5.00 May Be Added to Fees                               |  |
| 25                             |  | 30 BREVARD                |  |   |  |

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent                |  |  |  | 10. Name and Address of New Registered Agent                                    |  |  |  |
| KEATHLEY, BARBARA<br>485 TEWSBURY LANE NE<br>PALM BAY FL 32907 |  |  |  | 81 Name<br>PAMELA RINGER  |  |  |  |
|  |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable)<br>2361 ERSOFF BLVD. N.E. |  |  |  |
|  |  |  |  | 83  |  |  |  |
|  |  |  |  | 84 City<br>Palm Bay   |  |  |  |
|  |  |  |  | FL  |  |  |  |
|  |  |  |  | 85 Zip Code<br>32905  |  |  |  |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Pamela Ringer PAMELA RINGER TREASURER Feb. 4, 1999  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|------------------------------------|---|--|
| TITLE                      | DP <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | KITZMAN, GERALD                    | 1.2 NAME  |  |
| STREET ADDRESS             | 3405 S PURDUE ST                   | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MELBOURNE BEACH FL                 | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | DS <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | MANASERI, LOIS                     | 2.2 NAME  |  |
| STREET ADDRESS             | 554 EWING ST NE                    | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | PALM BAY                           | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | DV <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | MILLETT, PAUL                      | 3.2 NAME  |  |
| STREET ADDRESS             | 3625 MURRELL RD                    | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | ROCKLEDGE FL 32955                 | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | T <input type="checkbox"/> DELETE  | 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KEATHLY, BARBARA J                 | 4.2 NAME  | PAMELA RINGER  |
| STREET ADDRESS             | 485 TEWSBURY LANE                  | 4.3 STREET ADDRESS                                    | 2361 ERSOFF BLVD. N.E.   |
| CITY-ST-ZIP                | PALM BAY FL                        | 4.4 CITY-ST-ZIP                                       | Palm Bay, FL 32905   |
| TITLE                      | <input type="checkbox"/> DELETE    | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                    | 5.2 NAME  |  |
| STREET ADDRESS             |                                    | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                    | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE    | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                    | 6.2 NAME  |  |
| STREET ADDRESS             |                                    | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                    | 6.4 CITY-ST-ZIP                                       |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Pamela Ringer PAMELA RINGER Feb. 4, 99 407 956 7293  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)