2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2012
Secretary of State

DOCUMENT# N44836

Entity Name: POST POLIO SUPPORT GROUP OF BREVARD, INCORPORATED

Current Principal Place of Business:

333 N TROPICAL TRAIL
STE 202
MERRITT ISLAND, FL 32953 US

New Principal Place of Business:

3050 FOREST CREEK DR
MELBOURNE, FL 32901 US

Current Mailing Address:

3050 FOREST CREEK DR
MELBOURNE, FL 32901 US

New Mailing Address:

FEI Number: 59-3076005 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PESSARO, KAREN
333 N TROPICAL TRAIL
STE 202
MERRITT ISLAND, FL 32953 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: PD
Name: MCDONAILD, JOANNE
Address: 1153 IRONSIDES AVE
City-St-Zip: MELBOURNE, FL 32940 US

Title: SD
Name: DEERE, BARBARA
Address: 7041 RHODES PLACE
City-St-Zip: WEST MELBOURNE, FL 32904

Title: TD
Name: FOULDS, EDWARD
Address: 3050 FOREST CREEEK DR
City-St-Zip: MELBOURNE, FL 32901

Title: VP D
Name: SMITH, JULIANNE
Address: 316 SEELYE ST
City-St-Zip: MELBOURNE, FL 32901

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: EDWARD FOULDS TD 03/22/2012

Electronic Signature of Signing Officer or Director Date