

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N24559 (9)**
1. Corporation Name
BRILLE CLUB OF PALM BEACH COUNTY, INC.



Principal Place of Business: **4801 SOUTH DIXIE WEST PALM BEACH FL 33405**
Mailing Address: **4801 SOUTH DIXIE WEST PALM BEACH FL 33405**

3. Date Incorporated or Qualified: **01/28/1988**
3a. Date of Last Report: **03/02/1995**
4. FEI Number: **59-2484799**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SORGINI, ROBERT
300 N. FEDERAL HWY.
SUITE 3
LAKE WORTH FL 33460**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGLISH, BETTY	1.2 NAME	
STREET ADDRESS	4801 SOUTH DIXIE HWY.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAUSE, ALICE MAE	2.2 NAME	VICE Pres. D
STREET ADDRESS	3009 N. DIXIE	2.3 STREET ADDRESS	DIETZ, Betty
CITY-ST-ZIP	W. PALM BEACH FL	2.4 CITY-ST-ZIP	417 BARNETT ST
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFITHS, JEAN	3.2 NAME	
STREET ADDRESS	311 KNOTTY PINE CIRC.#C2	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGLISH, JAMES	4.2 NAME	
STREET ADDRESS	909 N 'K' ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICKSON, JOHN	5.2 NAME	D. MACCOMB, ERNESTINE
STREET ADDRESS	4801 S DIXIE	5.3 STREET ADDRESS	4995 SPRINGFIELD DR.
CITY-ST-ZIP	W PALM BCH FL	5.4 CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VLADY, HELEN	6.2 NAME	MEREDITH, SANDRA
STREET ADDRESS	4801 S DIXIE	6.3 STREET ADDRESS	241 BLOOMFIELD DR.
CITY-ST-ZIP	W PALM BCH FL	6.4 CITY-ST-ZIP	WEST PALM BEACH, FL.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Betty English* **Betty English** ✓ **4/10/95** **407 588-1925**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)