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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24559

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

01/28/1988

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
NAME ENGLISH, BETTY
STREET ADDRESS 4801 SOUTH DIXIE HWY.
CITY-ST-ZIP WEST PALM BEACH FL

TITLE VPD DELETE
NAME DIETZ, BETTY
STREET ADDRESS 417 BARNETT STREET
CITY-ST-ZIP WEST PALM BEACH FL

TITLE SD DELETE
NAME ALLMAN, DOROTHY
STREET ADDRESS 307 EVERGREEN PALM BCH MOBILE HOMES
CITY-ST-ZIP LAKEWORTH FL 33461

TITLE T DELETE
NAME ENGLISH, JAMES
STREET ADDRESS 909 N 'K' ST
CITY-ST-ZIP LAKE WORTH FL

TITLE D DELETE
NAME RAVTER, RICHARD
STREET ADDRESS 13025 MEADOW BREEZE DR
CITY-ST-ZIP WELLINGTON FL 33414

TITLE D DELETE
NAME PRESTON, ALLEN
STREET ADDRESS 542 CHERRY RD
CITY-ST-ZIP W PALM BCH FL 33409

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ~~DIETZ, BETTY~~ Change Addition
1.2 NAME DIETZ, BETTY
1.3 STREET ADDRESS 417 BARNETT STREET
1.4 CITY-ST-ZIP WEST PALM BEACH FL 33405

2.1 TITLE VPD Change Addition
2.2 NAME RAVTER, RICHARD
2.3 STREET ADDRESS 13025-MEADOWBREEZE DR
2.4 CITY-ST-ZIP WELLINGTON, FL 33409

3.1 TITLE TD Change Addition
3.2 NAME PRESTON, ALLEN
3.3 STREET ADDRESS 542 CHERRY RD
3.4 CITY-ST-ZIP WEST PALM BEACH, FL 33409

4.1 TITLE 2ND VPD Change Addition
4.2 NAME GERALDINE VALENTINE
4.3 STREET ADDRESS 533 BEECH RD
4.4 CITY-ST-ZIP WEST PALM BEACH FL 33409

5.1 TITLE D Change Addition
5.2 NAME BETTY ENGLISH
5.3 STREET ADDRESS 909 NORTH K STREET
5.4 CITY-ST-ZIP LAKE WORTH, FL 33460

6.1 TITLE D Change Addition
6.2 NAME ERNESTINE MACCOMBS
6.3 STREET ADDRESS 4945 SPRINGFIELD DR
6.4 CITY-ST-ZIP WEST PALM BEACH, FL 33415

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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99 (561) 588-6186

Date

Daytime Phone #

CR2E037 (1/198)