

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24559

Entity Name: BRAILLE CLUB OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

4801 SOUTH DIXIE HIGHWAY
I
WEST PALM BEACH, FL 33405

Current Mailing Address:

4801 SOUTH DIXIE HIGHWAY
I
WEST PALM BEACH, FL 33405 US

FEI Number: 59-2484779

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCDOWELL, LARRY
4801 1/2 SOUTH DIXIE HWY
WEST PALM BEACH, FL 33405 US

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

Officer/Director Detail :

Title PRES
Name MCDOWELL, LARRY
Address 4801 1/2 SOUTH DIXIE HWY
City-State-Zip: WEST PALM BEACH FL 33405

Title SECRETARY
Name CHAPMAN, NICOLE
Address 1839 ABBY ROAD
City-State-Zip: WEST PALM BEACH FL 33415

Title 2ND VICE PRESIDENT
Name KRAMER, ED
Address 70 WALTHAM C
City-State-Zip: WEST PALM BEACH FL 33417

Title 1ST VICE PRESIDENT
Name MIMS, MADALYN
Address 4682 CHERRY ROAD
City-State-Zip: WEST PALM BEACH FL 33417

Title ASST. TREASURER
Name BICE , DANNY
Address 275 NORWITH L.
City-State-Zip: WEST PALM BEACH FL 33417

Title TREASURER
Name ROTHMAN, MARTY
Address 8210 BELLAFFIORE WAY
City-State-Zip: BOYNTON BEACH FL 33472

Title CHAPLIAN
Name RICARDS, NIGEL
Address 5260 NORTHWEST 2ND AVENUE
City-State-Zip: BOCA RATON FL 33487

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: LARRY MCDOWELL

PRESIDENT

04/25/2017

Electronic Signature of Signing Officer/Director Detail

Date