

**2021 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            CHAPLAIN  
Name            CHAPMAN, NICOLE  
Address        1839 ABBY ROAD  
City-State-Zip: WEST PALM BEACH FL 33415

Title            TREASURER  
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            2ND VICE PRESIDENT  
Name            SMITH, RALPH  
Address        801 GRANT STREET  
City-State-Zip: WEST PALM BEACH FL 33407

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

Title            DIRECTOR  
Name            TROIANO, RICK  
Address        4704 B GREENTREE CIRCLE  
City-State-Zip: BOYNTON BEACH FL 33436

*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**

**04/07/2021**

Electronic Signature of Signing Officer/Director Detail

Date