

2014 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	VP
Name	TAYLOR, BEAULAH
Address	1705 BOYNTON BAY COURT
City-State-Zip:	BOYNTON BEACH FL 33435

Title	2VPT
Name	CHAPMAN, NICOLE
Address	1839 ABBY ROAD
City-State-Zip:	WEST PALM BEACH FL 33415

Title	TREA
Name	ED, KRAMER
Address	70 WALTHAM C
City-State-Zip:	WEST PALM BEACH FL 33417

Title	SECRETARY
Name	MIMS, MADALYN
Address	254 WEST 24TH STREET
City-State-Zip:	RIVIERA BEACH FL 33404

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

Title	BOARD MEMBER
Name	TROIANO, RICK
Address	4704 B GREENTREE CR
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 B. MCDOWELL**PRESIDENT****04/01/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date