

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24559

Entity Name: BRAILLE CLUB OF PALM BEACH COUNTY, INC.**Current Principal Place of Business:**1240 S FEDERAL HIGHWAY
BOYNTON BEACH, FL 33435**Current Mailing Address:**1240 S FEDERAL HIGHWAY
BOYNTON BEACH, FL 33435 US**FEI Number:** 59-2484779**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MCDOWELL, LARRY
31 NORWICH B
WEST PALM BEACH, FL 33417 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 31 NORWICH B
City-State-Zip: WEST PALM BEACH FL 33417

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

Title TREASURER
Name KRAMER, ED
Address 305 WELLINGTON M
City-State-Zip: WEST PALM BEACH FL 33417

Title DIRECTOR
Name MIMS, MADALYN
Address 4682 CHERRY ROAD
City-State-Zip: WEST PALM BEACH FL 33417

Title 1ST VICE PRESIDENT
Name SMITH, RALPH
Address 801 GRANT STREET
City-State-Zip: WEST PALM BEACH FL 33407

Title 2ND VICE PRESIDENT
Name TROIANO, RICK
Address 4704 B GREENTREE CIRCLE
City-State-Zip: BOYNTON BEACH FL 33436

Title SECRETARY
Name NARANJIT, LEELA
Address 12076 AIA APT E4
City-State-Zip: PALM BEACH GARDENS FL 33410

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****04/26/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date