


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90017 027 ****61.25

DOCUMENT # 718292 1. Entity Name THE BRAZILIAN OF PALM BEACH ASSOCIATION, INC			
Principal Place of Business THE BRAZILIAN OF PALM BEACH 227 BRAZILIAN AVE PALM BEACH, FL 33480		Mailing Address 5725 CORPORATE WAY SUITE 101 WEST PALM BCH., FL 33407 US	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address 5725 Corporate Way Suite 101 West Palm Beach, FL Zip 33407 Country USA	
4. FEI Number 59-1325731		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02162006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent ST. JOHN, CORE, FIORE & LEMME, P.A. 1601 FORUM PLACE SUITE 701 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME LANGE, GLORIA STREET ADDRESS 227 BRAZILIAN AVENUE CITY-ST-ZIP PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Delete	TITLE D NAME Richardson, Gary STREET ADDRESS 2839 JFK Blvd North CITY-ST-ZIP Little Rock, AR 72116	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V NAME MEYERS, GAIL C STREET ADDRESS 5725 CORPORATE WAY., #101 CITY-ST-ZIP WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete	TITLE TD NAME Meyers, Gail C. STREET ADDRESS 5725 Corporate Way, #101 CITY-ST-ZIP West Palm Beach, FL 33407	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME DEPEYSTER, DOROTHY S STREET ADDRESS 227 BRAZILIAN AVENUE CITY-ST-ZIP PALM BEACH, FL	<input checked="" type="checkbox"/> Delete	TITLE SD NAME Forte, Patrick STREET ADDRESS 227 Brazilian Avenue CITY-ST-ZIP Palm Beach, FL 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME DONAHUE, BARRY STREET ADDRESS 227 BRAZILIAN AVE. CITY-ST-ZIP PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Delete	TITLE VD NAME Kreitsek, William STREET ADDRESS P.O. Box 941 CITY-ST-ZIP Nattituck, NY 11952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME PRYOR, LOUIS STREET ADDRESS 227 BRAZILIAN AVE CITY-ST-ZIP PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Delete	TITLE PD NAME Burns, Frances STREET ADDRESS 71 Ridge Road CITY-ST-ZIP Southampton, NY 11968	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME ANGLE, RAY STREET ADDRESS 227 BRAZILIAN AVE CITY-ST-ZIP PALM BEACH, FL 33480	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Gail C Meyers</u> GAIL C. MEYERS 2/21/06 561-684-6604 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			