

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90020 006 ****61.25

DOCUMENT # 759399 1. Entity Name BROKEN STAR, PALM BEACH COUNTY SHERIFF'S OFFICE, INCORPORATED					
Principal Place of Business 3228 GUNCLUB RD BOX 670 W PALM BCH, FL 33406			Mailing Address 3228 GUNCLUB RD BOX 670 W PALM BCH, FL 33406		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0947735	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NOLAN, JEROME 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406			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 true if applicable.</small>			DATE 1/4/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	D - CHAMBERS, KEITH <input checked="" type="checkbox"/> Delete 3228 GUNCLUB ROAD WEST PALM BEACH, FL 33416		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Carballo, Barbara 3228 Gun Club Road West Palm Beach, FL 33416	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARMICHAEL, JUDITH <input type="checkbox"/> Delete 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33416		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NOLAN, JEROME <input type="checkbox"/> Delete 3228 GUN CLUB ROAD WEST PALM BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROUSE, CECELIA <input type="checkbox"/> Delete 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33416		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Crouse, Cecelia	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILARDELLO, ANDY <input type="checkbox"/> Delete 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33416		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bilardello, Andy	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V - REID, DALTON <input type="checkbox"/> Delete 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33416		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Reid, Dalton	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1/4/05 Daytime Phone # (561) 688-3030		

50000695



01042005 Chg-NP CR2E037 (10/03)

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ATTACHMENT

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBERS, KEITH 3228 GUNCLUB ROAD WEST PALM BEACH, FL 33416	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARMICHAEL, JUDITH 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33416	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NOLAN, JEROME 3228 GUN CLUB ROAD WEST PALM BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROUSE, CECELIA 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33416	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILARDELLO, ANDY 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33416	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REID, DALTON 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33416	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jackson, Jeff 3228 Gun Club Road West Palm Beach, Fl. 33416				
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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SIGNATURE: <u>Jerome P. Nolan</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> 1/4/05 (561) 688-3030 </div>					
<small>Date Daytime Phone #</small>					