

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**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

6. Name and Address of Current Registered Agent

**NOLAN, JEROME  
3228 GUN CLUB ROAD  
WEST PALM BEACH, FL 33406**

Name **George Forman**

Street Address (P.O. Box Number is Not Acceptable)

**3228 Gun Club Road**

City

**W. Palm Beach**

**FL**

Zip Code  
**33406**

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 George Forman  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restating)

3/9/2006  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$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	<b>D</b> CARBALLO, BARBARA 3228 GUNCLUB ROAD WEST PALM BEACH, FL 33416	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> CARMICHAEL, JUDITH 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33416	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> NOLAN, JEROME 3228 GUN CLUB ROAD WEST PALM BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Forman, George 3228 Gun Club Rd, WPB, Fl
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> CROUSE, CECELIA 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33416	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Linda Mitchell</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3228 Gun Club Rd, WPB, Fl.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> BILARDELLO, ANDY 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33416	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bilardello, Andy
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> REID, DALTON 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33416	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D - Gena Rowlands</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3228 Gun Club Rd, WPB, Fl.

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: Judith E. Carmichael - Judith E. Corrigan**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/9/06

Daytime Phone #

**561-288-3500**

**FILED  
Mar 22, 2006 8:00 am  
Secretary of State**

03-22-2006 90013 003 \*\*\*\*61.25

**ATTACHMENT**  
**2006 NOT-FOR-PROFIT CORPORATION**  
**ANNUAL REPORT**

<b>DOCUMENT # 759399</b>		
1. Entity Name <b>BROKEN STAR, PALM BEACH COUNTY SHERIFF'S OFFICE, INCORPORATED</b>		

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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	

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 George Forman   
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renaming)  
 DATE 3/9/06

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	Make check payable to <b>Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D Jeffrey Jackson</b> 3228 Gun Cluvb Road West Palm Beach, Fl. 33406	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Vice President</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**SIGNATURE:** Judith E. Cornish - Judith E. Cornish 3/9/06 Sta-688-3580  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #