


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90014 017 ****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
 WEST PALM BEACH, FL 33406**

Mailing Address
**3228 GUNCLUB RD
 BOX 670
 WEST PALM BEACH, FL 33406**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02122008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
59-2537032

Applied For
 Not Applicable

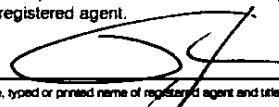
6. Name and Address of Current Registered Agent
**FORMAN, GEORGE
 3228 GUN CLUB ROAD
 WEST PALM BEACH, FL 33406**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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  DATE 3/19/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARBALLO, BARBARA 3228 GUNCLUB ROAD WEST PALM BEACH, FL 33406	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARMICHAEL, JUDITH 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FORMAN, GEORGE 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, LINDA 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BILARDELLO, ANDY 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWLANDS, GENA 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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: Linda Mitchell **Linda Mitchell** DATE: 3/19/08 **561-688-3129**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40049360
#759399

PALM BEACH COUNTY
SHERIFF'S OFFICE

RIC L. BRADSHAW, SHERIFF



LINDA MITCHELL
ADMINISTRATIVE SERVICES BUREAU
PHONE: (561) 688-3129

FAX: (561) 688-4330

E-MAIL: mitchellm@pbso.org

—March-18, 2008—

Florida Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

RE: Broken Star, Palm Beach County Sheriff's Office, Incorporated

ATTENTION: Division of Corporations

Enclosed you will find our 2008 Not-For-Profit Corporation Annual Report. We were unable to add our 7th board members name to the online form so we are sending that information to you via this letter as follows:

Vice President
Jeffery Jackson
3228 Gun Club Road
West Palm Beach, FL 33406

We have also enclosed our check#983 in the amount of \$61.25 to cover the filing fee.

Thank you for your assistance in this matter.

Sincerely,

Linda Mitchell
Executive Secretary

Enclosure