

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2007 8:00 am
Secretary of State

08-10-2007 90048 005 ****61.25

DOCUMENT # N24559

1. Entity Name
BRAILLE CLUB OF PALM BEACH COUNTY, INC.



Principal Place of Business
**4801 SOUTH DIXIE
WEST PALM BEACH, FL 33405**

Mailing Address
**4801 SOUTH DIXIE
WEST PALM BEACH, FL 33405**

60054596



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05012006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number
59-2484799

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SORGINI, ROBERT
300 N. FEDERAL HWY.
SUITE 3
LAKE WORTH, FL 33460**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$61.25
Due by September 6, 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 IVPD ☐ Delete
NAME TROIANO, RICK
STREET ADDRESS 21 COLUMBIA CLUB DR. BLD. 21 APT. 100
CITY-ST-ZIP BOYNTON BEACH, FL 33435

TITLE PD ☒ Delete
NAME TRABULSI, JOHN
STREET ADDRESS 225 EXECUTIVE CENTER DRIVE APT B115
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE SD ☒ Delete
NAME PRESTON, ALLEN
STREET ADDRESS 942 CHERRY RD
CITY-ST-ZIP W PALM BEACH, FL 33409

TITLE D ☐ Delete
NAME DIETZ, BETTY
STREET ADDRESS 417 BARNETT STREET
CITY-ST-ZIP WEST PALM BEACH, FL 33405

TITLE D ☒ Delete
NAME ALLMAN, DOROTHY
STREET ADDRESS 1500 LUCERN AVE APT 716
CITY-ST-ZIP LAKE WORTH, FL 33460

TITLE T ☒ Delete
NAME DIETZ, WALTER
STREET ADDRESS 417 BARNETT STREET
CITY-ST-ZIP WEST PALM BEACH, FL 33405

TITLE D ☒ Change ☐ Addition
NAME TROIANO RICK,
STREET ADDRESS 21 COLONIAL CLUB DR. BLD. 21 APT 100
CITY-ST-ZIP BOYNTON BEACH, FL 33435

TITLE IVPD ☐ Change ☒ Addition
NAME MEREDITH, SANDRA
STREET ADDRESS 7001 SOUTH DIXIE HIGHWAY
CITY-ST-ZIP WEST PALM BEACH, FL 33405

TITLE 2VPD ☐ Change ☒ Addition
NAME MYERS, GWENDOLYN
STREET ADDRESS 3020 AVENUE O
CITY-ST-ZIP RIVIERA BEACH, FL 33404

TITLE PD ☒ Change ☐ Addition
NAME DIETZ, BETTY
STREET ADDRESS 417 BARNETT STREET
CITY-ST-ZIP WEST PALM BEACH, FL 33405

TITLE TD ☐ Change ☒ Addition
NAME RICH, BERTHA
STREET ADDRESS 4801 1/2 SOUTH DIXIE HIGHWAY
CITY-ST-ZIP WEST PALM BEACH, FL 33405

TITLE SD ☐ Change ☒ Addition
NAME SCHIRMER, SCOTT
STREET ADDRESS 402 HARBOUR POINTE WAY
CITY-ST-ZIP GREENACRES, FL 33413

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: *Bertha Rich* Bertha Rich, Treasurer 8/1/07 (561) 585-6193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #