2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State
04-17-2008 90041 039 ****61.25

DOCUMENT # N24559

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

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

04072008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2484799 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TROIANO, RICK 21 COLUMBIA CLUB DR. BLD. 21 APT. 100 BOYNTON BEACH, FL 33435	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RABINER RANDI 7198 TOSCANA TRAIL BOYNTON BEACH, FL 33437
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VPD MEREDITH, SANDRA 7001 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33405	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VPD DIETZ, BETTY 411 BARNETT STREET WEST PALM BEACH, FL 33405
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VPD MYERS, GWENDOLYN 3020 AVENUE O RIVIERA PALM BEACH, FL 33404	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VPD TROIANO RICK 21 COLONIAL CLUB DR, APT 100 BOYNTON BEACH, FL 33435
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DIETZ, BETTY 417 BARNETT STREET WEST PALM BEACH, FL 33405	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MYERS, GWEN 3020 AVENUE "O" RIVIERA BEACH, FL 33404
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RICH, BERTHA 4801 1/2 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33405	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BD DOWNEY, HARRIET 615 N. C. LAKE WORTH, FL 33461
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCHIRMER, SCOTT 402 HARBOUR POINTE WAY GREENACRES, FL 33413	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DALE RAYMOND BURTON 3800 DALE ROAD WEST PALM BEACH, FL 33406

☐ Change ☑ 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: _____ 04/09/2008 (561) 742-9992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #