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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations Tallahassee, Florida

DOCUMENT # **748518** **(8)**

1 Corporate Name

WESTERN PALM BEACH COUNTY MENTAL HEALTH CLINIC, INC.

Principal Place of Business	Mailing Address
1024 NW AVENUE D BELLE GLADE FL 33430	1024 NW AVENUE D BELLE GLADE FL 33430

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/14/1979**
3a. Date of Last Report: **04/05/1994**
4. FEI Number: **59-1968743** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

AMATO, JOSEPH
14201 GREENTREE TRAIL
WEST PALM BEACH FL 33414

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when name changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	TEETS, SUE C.	12 NAME	
STREET ADDRESS	110 SW AVE E	13 STREET ADDRESS	
CITY ST ZIP	BELLE GLADE, FL 00000	14 CITY ST ZIP	
TITLE	V	21 TITLE	V ☒ Change ☐ Addition
NAME	WOODHAM, BRENT	22 NAME	DIAZ, FRANKLIN
STREET ADDRESS	435 E AVE A	23 STREET ADDRESS	208 N.W. Avenue J
CITY ST ZIP	BELLE GLADE, FL 00000	24 CITY ST ZIP	Belle Glade, Fl.
TITLE	S	31 TITLE	S ☒ Change ☐ Addition
NAME	GRAY, JOHN	32 NAME	WILLFORD, DOROTHY
STREET ADDRESS	13704 BARBERRY DR	33 STREET ADDRESS	605 S.W. 13TH STREET
CITY ST ZIP	WELLINGTON FL	34 CITY ST ZIP	BELLE GLADE, FL. 33430
TITLE	T	41 TITLE	T ☒ Change ☐ Addition
NAME	DIAZ, FRANK	42 NAME	SCHNECK, KENNETH
STREET ADDRESS	900 NE 21ST ST	43 STREET ADDRESS	357 KISMET AVE.
CITY ST ZIP	BELLE GLADE FL	44 CITY ST ZIP	PAHOKEE, FL. 33476
TITLE	D	51 TITLE	D ☐ Change ☒ Addition
NAME	SCHENCK, KENNETH	52 NAME	ROBERTS, DONIA
STREET ADDRESS	357 KISMET AVE	53 STREET ADDRESS	147 BACOM POINT ROAD
CITY ST ZIP	PAHOKEE FL	54 CITY ST ZIP	PAHOKEE, FL. 33476
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	LOWERY, EDWARD	62 NAME	
STREET ADDRESS	155 HARRELLE DR	63 STREET ADDRESS	
CITY ST ZIP	SOUTH BAY FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dorothy Willford Dorothy Willford 4/28/95 996-3992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

00499319