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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Scoretary of State

DIVISION OF CORPORATIONS

1996
DOCUMENT #

Suite, Apt. #, etc.

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748518

(8)

Suite, Apt. #, etc.

WESTERN PALM BEACH COUNTY MENTAL HEALTH CLINIC, INC.

Principal Place of Business

Mailing Address

1024 NW AVENUE D
BELLE GLADE FL 33430

2. Principal Place of Business

2a. Mailing Address

2b. Mailing Address

2c. Principal Place of Business

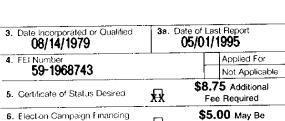
2c. Principal Place of Business

2c. Principal Place of Business

2c. Mailing Address

2c. Principal Place of Business

27



City & State City & State \Box Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s. 199.032, Country Ζıp Zip Yes No 30 Florida Statutes 29 25 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 Arkiress (P.O. Box Number is Not Acceptable)	-								
83		-								
84	City FL 85 Zip Code									

11. Pursuant to the provisions of Sections 617.050? and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _	Signature, typed or printed name of registered agent and total if applicable	e POTE	Filipla	gistere il Agent signature rec	dirred when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		T	13.	ADDITIONS/CHANGES TO OFFICERS AF		S IN 12
TITLE	P	DELETE	_1	11 THE	, P/D	X Change	☐ Addition
NAME	TEETS, SUE C.			12 NAME	DIAZ, FRANKLIN		
STREET ADDRESS	110 SW AVE E			1.3 STREET ADDRESS	208 N.W. AVENUE J		
CITY - S1 - ZIP	BELLE GLADE, FL 00000			1.4 CITY - ST-ZIP	BELLE GLADE, FL 33430	A Change	☐ Addition
TITLE	V	∑ DELETE		2.1 TITLE	V/D	<u>L</u> ⊕ ∪nange	
NAME	DIAZ, FRANKLIN		\sim	2 2 NAME	WILLFORD, DOROTHY		
STREET ADDRESS	208 NW AVENUE J.			2.3 STREET ADDRESS	605 S.W. 13TH STREET		
CITY-ST-ZIP	BELLE GLADE, FL 00000			2 4 CITY - ST - ZIP	BELLE GLADE, FL. 33430	Carcheren	□ Addition
TITLE	\$	™ DELÉTE		3.1 TUTLE	S/D	Change	☐ Addition
NAME	WILLFORD, DOROTHY	_		3.2 NAME	ROBERTS, DONIA		
STREET ADDRESS	605 SW 13TH STREET	A	ィ	3.3 STREET ADDRESS	147 BACOM POINT ROAD		
CITY-ST-ZIP	BELLE GLADE FL			3 4. CITY - ST - ZIP	PAHOKEE, FL. 33476		<u> </u>
THLE	T	DELETE	\neg	4 1 111LE	1	☐ Change	Addition
NAME	SCHNECK, KENNETH			4 2 NAME	I.		
STREET ADDRESS	357 KISMET AVE.			4 3 STREET ADDRESS	I		
CITY-ST-ZiP	PAHOKEE FL			44 CITY-ST ZIP		Change	Addition
TITLE	D	₩ DELETE	1	5 1 TITLE	D	Change	Modified
NAME	SCHENCK, KENNETH			5.2 NAME	CLAY, IRENE		
STREET ADDRESS	357 KISMET AVE			5.3 STREET ADDRESS	1216 S.W. AVENUE C PL.		
CITY-ST-ZIP	PAHOKEE FL			5.4 CITY - ST - ZIP	BELLE GLADE, FL. 33430	Tako:	[T] Addition
TITLE	D	X DELETE		6 1 TITLE	D	Change	Addition
NAME	LOWERY, EDWARD		Ì	6.2 NAME	ZENO, LOURDES		
STREET ADDRESS	155 HARRELLE DR			63 STREET ADDRESS	334 S.E. AVENUE I		
CITY-ST-ZIP	SOUTH BAY FL			64 CITY - S1 - ZIP	BELLE GLADE, FL. 33430	Flacido Ctotuto	

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)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplementa' 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 G. Willford, V.P.

3/25/96 (407) 996-3992

Dario

Daytime Phone •

CR2E037 (12/95)