

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 748518 (8)

1. Corporation Name

WESTERN PALM BEACH COUNTY MENTAL HEALTH CLINIC,  
INC.



Principal Place of Business

1024 NW AVENUE D  
BELLE GLADE FL 33430

Mailing Address

1024 NW AVENUE D  
BELLE GLADE FL 33430

3. Date Incorporated or Qualified  
08/14/1979

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMATO, JOSEPH  
14201 GREENTREE TRAIL  
WEST PALM BEACH FL 33414

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 617.0502 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 title if applicable

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	TEETS, SUE C.	<input checked="" type="checkbox"/> DELETE
NAME		110 SW AVE E	
STREET ADDRESS		BELLE GLADE, FL 00000	
CITY-ST-ZIP			
TITLE	V	DIAZ, FRANKLIN	<input checked="" type="checkbox"/> DELETE
NAME		208 NW AVENUE J.	
STREET ADDRESS		BELLE GLADE, FL 00000	
CITY-ST-ZIP			
TITLE	S	WILLFORD, DOROTHY	<input checked="" type="checkbox"/> DELETE
NAME		605 SW 13TH STREET	
STREET ADDRESS		BELLE GLADE FL	
CITY-ST-ZIP			
TITLE	T	SCHNECK, KENNETH	<input type="checkbox"/> DELETE
NAME		357 KISMET AVE.	
STREET ADDRESS		PAHOKEE FL	
CITY-ST-ZIP			
TITLE	D	SCHENCK, KENNETH	<input checked="" type="checkbox"/> DELETE
NAME		357 KISMET AVE	
STREET ADDRESS		PAHOKEE FL	
CITY-ST-ZIP			
TITLE	D	LOWERY, EDWARD	<input checked="" type="checkbox"/> DELETE
NAME		155 HARRELLE DR	
STREET ADDRESS		SOUTH BAY FL	
CITY-ST-ZIP			

11 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	DIAZ, FRANKLIN	
13 STREET ADDRESS	208 N.W. AVENUE J	
14 CITY-ST-ZIP	BELLE GLADE, FL 33430	
21 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	WILLFORD, DOROTHY	
23 STREET ADDRESS	605 S.W. 13TH STREET	
24 CITY-ST-ZIP	BELLE GLADE, FL. 33430	
31 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	ROBERTS, DONIA	
33 STREET ADDRESS	147 BACOM POINT ROAD	
34 CITY-ST-ZIP	PAHOKEE, FL. 33476	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	CLAY, IRENE	
53 STREET ADDRESS	1216 S.W. AVENUE C PL.	
54 CITY-ST-ZIP	BELLE GLADE, FL. 33430	
61 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	ZENO, LOURDES	
63 STREET ADDRESS	334 S.E. AVENUE I	
64 CITY-ST-ZIP	BELLE GLADE, FL. 33430	

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 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 G. Willford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dorothy G. Willford, V.P.

3/25/96 (407) 996-3992

Day

Daytime Phone

CR2E037 (12/95)