## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name

(8)

WESTERN DAIM REACH COUNTY MENTAL HEALTH CHINIC

INC.								
Principal Place of Business		Mailing Address			r iddin inani minn inibi dishi sid	61 1811 <b>818</b> 11 <b>818</b> 11 1	81811 <b>4181) #</b> 1	1811 <b>Bib</b> it 188(
1024 NW AVENUE D		1024 NW AVENUE D			3. Date incorporated or Qualified	<u> </u>		<del></del>
BELLE GLADE FL 33430		BELLE GLADE FL 33430			08/14/1979			
					4. FEI Number		A	pplied For
					59-1968743			ot Applicable
Principal Place of Business     1		2a. Malling Address 26			5. Certificate of Status Desired			Additional equired
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing		\$5.00	
22 City & State 23		City & State			Trust Fund Contribution		Added to Fees	
					7. Is this nonprofit corporation a	7. Is this nonprofit corporation a homeowners association?		
Zip	Country	Zip	Count	ry	8. This corporation owes or has			tenolhie
26		29	30	•	Personal Property Tax due Jui			□ No
	9. Name and Address of Curr				10. Name and Address of New I		jent	
			8	1 Name				
AMATO, JOSEPH				2 Street Ad	ess (P.O. Box Number is Not Acceptable)			
	reentree trail		L					
WEST PA	ALM BEACH FL 33414		85	"				
			84	6 City		FL	86 Zip	Code
11. Pursuant t		roo			prporation submits this statement for the ation's board of directors. I hereby acc	<u> </u>		
SIGNATURE _	Signature, typed or printed name of registered a	ipeni and title il applicable. (NC	TE: Registered A	gent skonature rec	sulrad when reinstating)	DATE		
·		ND DIRECTORS	OTE: Registered A	gent signature rec	guired when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND D		
12.	OFFICERS A	<u> </u>	13. 1.1 TITLE			ICERS AND D	DIRECTOR Change	
12. TITLE HAME	OFFICERS A PD SCHENCK, KENNETH	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME			ICERS AND D		
12. TITLE HAME STREET ADDRESS	OFFICERS A PD SCHENCK, KENNETH 357 KISMET AVE	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ET ADDRESS		ICERS AND D		
12. TITLE HAME STREET ADDRESS CITY-ST-ZIP	PD SCHENCK, KENNETH 357 KISMET AVE PAHOKEE FL	ND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-	ET ADDRESS ST-ZIP		CERS AND C	Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD SCHENCK, KENNETH 357 KISMET AVE PAHOKEE FL VPD	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE	ET ADDRESS - ST-ZIP		CERS AND C		Addition
12. TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD SCHENCK, KENNETH 357 KISMET AVE PAHOKEE FL VPD ZENO, LOURDES	ND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME	ET ADDRESS ST-ZIP		CERS AND C	Change	Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	PD SCHENCK, KENNETH 357 KISMET AVE PAHOKEE FL VPD	ND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME	ET ADDRESS ST-ZIP		CERS AND C	Change	Addition
12.  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PD SCHENCK, KENNETH 357 KISMET AVE PAHOKEE FL VPD ZENO, LOURDES 334 SE AVENUE I	ND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP		CICERS AND C	Change	Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE	OFFICERS A PD SCHENCK, KENNETH 357 KISMET AVE PAHOKEE FL VPD ZENO, LOURDES 334 SE AVENUE I BELLE GLADE FL SD WILLFORD, DOROTHY	ND DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY	ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP		CICERS AND C	Change	Addition
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SIGNATURE						
	Signature, typed or printed name of registered agent and title	Happlicable. (NOTE	Registered Agent signature require		DATE	
12.	OFFICERS AND DIRE		13.	ADDITIONS/CHANGES T	O OFFICERS AND DIRECTOR	
TITLE	PD	DELETE	1.1 TITLE		☐ Change	Addition
HAME	SCHENCK, KENNETH		1.2 NAME			
STREET ADDRESS	357 KISMET AVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	PAHOKEE FL		1.4 CITY-ST-ZIP			
TITLE	VPD	☐ DELETE	2.1 TITLE		Change	Addition
NAME	ZENO, LOURDES		2.2 NAME			
STREET ADDRESS	334 SE AVENUE I		2.3 STREET ADDRESS			
CITY-ST-ZIP	BELLE GLADE FL		2.4 CITY-ST-ZIP			
TITLE	8D	☐ DELETE	3.4 TITLE		Change	Additio
NAME	WILLFORD, DOROTHY		3.2 NAME			
STREET ADDRESS	605 SW 13TH STREET		3.3 STREET ADDRESS			
CITY-ST-ZIP	BELLE GLADE FL		3.4. CITY-ST-ZIP			
TITLE	TD	☐ DELETE	4.1 TITLE		Change	Addition
NAME	CLAY, IRENE		4.2 NAME			
STREET ADDRESS	1216 SW AVENUE C PL		4.3 STREET ADDRESS			
CITY-ST-ZIP	BELLE GLADE FL		4.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	5.1 TITLE		Change	Addition
NAME	BERRY, ESTHER		5.2 NAME			
STREET ADDRESS	210 SW 12TH AVE		5.3 STREET ADDRESS		•	
CITY-ST-ZIP	SOUTH BAY FL		5.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	6.1 TITLE		Change	Addition
NAME	ROBERTS, DONIA		8.2 NAME			
STREET ADDRESS	147 BACOM POINT ROAD		6.3 STREET ADDRESS			
CITY-ST-7/P	PAHOKEE FL		6.4 CITY~ST-ZIP			

I hereby certify that the information supplied with this filing 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 ampowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attachment with a address.

**SIGNATURE:** 

3/4/98

**FILED** 

Mar 19 1998 8:00am

Secretary of State

(561) 924-5534