NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 748518

1. Corporation Name

WESTERN PALM BEACH COUNTY MENTAL HEALTH CLINIC,

Principal Place of Business

1024 NW AVENUE D BELLE GLADE FL 33430 Mailing Address

1024 NW AVENUE D BELLE GLADE FL 33430

FILED Mar 10, 1999 8:00 am § Secretary of State

03-10-1999 90082 025 ****70.00



2. Principal Place of Business		2a. Mailing Addre	2a. Mailing Address			3. Date Incorporated or Qualifed 08/14/1979		•	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			4. FEI Number		App	lied For
22	'	27			٠-	59-1968743	•	Not	Applicable
City & Stat	e	City & State				5. Certifcate of Status Desired	×	\$8.75 A Fee Re	
Zip	Country Zip			Country 30		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
25 29 301 301 9. Name and Address of Current Registered Agent						10. Name and Address of New F	Registered		
	v. Name and Address of C	Bireik Kegisterea Agent		81	Name		_=		
				82		,			
AMATO, JOSEPH					Street Add	fress (P.O. Box Number is Not Accepta	able)		
14201 GREENTREE TRAIL									
WEST PAI	LM BEACH FL 33414							·	
				84	City		FL	85 Zip C	ode
14 D	to the provisions of Costinue Cd	7.0502 and 617.1509 Elasia	la Statutae the s	hove	named com	poration submits this statement for the		changing its	registered
office or r	to the provisions of Sections 61 registered agent, or both, in the	State of Florida. Such chang	ge was authorized	d by the	he corporati	poration submits this statement for the ion's board of directors. I hereby accept	t the appoi	ntment as rec	istered
agent. I a	m familiar with, and accept the	obligations of, Section 617.0	503, Florida Stat	tutes.				يعصر	
SIGNATURE		-			destance ele 1	and when references	DATE		
12.	Signature, typed or printed name of registe	red agent and title if applicable. RS AND DIRECTORS	(NOTE: Registerer		signature requin	red when reinstating) ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12
	T		LETE 1.1 T					Change	☐ Addition
TITLE	PD CONTENIOR REMINISTER							— • • • • • • • • • • • • • • • • • • •	_
NAMÉ	SCHENCK, KENNETH			AME		••			
STREET ADDRESS	357 KISMET AVE				ADDRESS .		-		
CITY-ST-ZIP	PAHOKEE FL			ITY-ST-	ZIP			Change	Addition
TITLE	VPD ·	L DI	LETE 2.1 T		-				
NAME	ZENO, LOURDES		2.2 N						
STREET ADDRESS					ADDRESS			.	
CITY-ST-ZIP	BELLE GLADE FL			CITY-ST	-ZIP	a un arrange to the second to		☐ Change	Addition
TITLE	SD	Lii Di	ELETE 3.1 T					. □ Change	
NAME	WILLFORD, DOROTHY			IAME					
STREET ADDRESS	605 SW 13TH STREET		3.3 S	TREET	ADDRESS	•		•	
CITY-ST-ZIP	BELLE GLADE FL			CITY-ST	-ZIP		<u> </u>		
TITLE	TD	ום 🗀	LETE 4.1 T	TILE	1			Change	Addition
NAME	CLAY, IRENE		4.21	NAMÉ					•
STREET ADDRESS	1216 SW AVENUE C PL		4.3 9	TREET	ADDRESS				
CITY-ST-ZIP	BELLE GLADE FL			ITY-ST-	-ZiP				
TITLE	D	□ Di	ELETE 5.1 T					☐ Change	Addition
NAME	BERRY, ESTHER			IAME					
STREET ADDRESS			5.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	SOUTH BAY FL		5.4 0	ITY-ST-	-ZIP				
TITLE	D	_ D	ELETE 6.1 T	TLE				☐ Change	☐ Additio
NAME* :	ROBERTS, DONIA		6.2 N	AME					
STREET ADDRESS)	6.3 9	TREET	ADDRESS				
CITY OF ZID	DAHOKEE EI	•	6.4 0	TY-ST	-ZIP				

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR