

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 748518**

1. Entity Name

WESTERN PALM BEACH COUNTY MENTAL HEALTH CLINIC,**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90042 004 ****70.00

Principal Place of Business

**1024 NW AVENUE D
BELLE GLADE FL 33430**

Mailing Address

**1024 NW AVENUE D
BELLE GLADE FL 33430-2940**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1968743

Applied For

Not Applied

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMATO, JOSEPH
14201 GREENTREE TRAIL
WEST PALM BEACH FL 33414**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE:

Joseph Amato
Joseph Amato, Executive Director

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/18/00***FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHENCK, KENNETH 357 KISMET AVE PAHOKEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ZENO, LOURDES 334 SE AVENUE I BELLE GLADE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLFORD, DOROTHY 605 SW 13TH STREET BELLE GLADE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLAY, IRENE 1216 SW AVENUE C PL BELLE GLADE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERRY, ESTHER 210 SW 12TH AVE SOUTH BAY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, DONIA 147 BACOM POINT ROAD PAHOKEE FL	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELIZABETH JOHNSON P.O. BOX 473 BELLE GLADE, FL 33430	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CYNTHIA SMITH 2625 SR 715 BELLE GLADE, FL 33430	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Additio

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kenneth Schenck, President
Kenneth Schenck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/18/00**561-992-1330*