2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748518

FILED Mar 10, 2004 Secretary of State

Entity Name: WESTERN PALM BEACH COUNTY MENTAL HEALTH CLINIC, INC.

Current Principal Place of Business: New Principal Place of Business: 408 SE MLK JR BLVD BELLE GLADE, FL 33430 LIS **Current Mailing Address: New Mailing Address:** 408 SE MLK JR BLVD BELLE GLADE, FL 33430 US FEI Number: 59-1968743 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AMATO, JOSEPH 14201 GREENTREE TRAIL WEST PALM BEACH, FL 33414 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete SCHENCK, KENNETH SCHENCK, KENNETH Name: Name: 357 KISMET AVE Address: 357 KISMET AVE Address: City-St-Zip: PAHOKEE, FL City-St-Zip: PAHOKEE, FL Title: VPD () Delete Title: () Change () Addition WOODHAM, LEIGH Name: Name: Address: 833 FLEMING DRIVE Address: City-St-Zip: BELLE GLADE, FL 33430 City-St-Zip: Title: () Delete Title: PD (X) Change () Addition GILBERT, DOROTHY Name: GILBERT, DOROTHY Name: 605 SW 13TH STREET 605 SW 13TH STREET Address: Address: City-St-Zip: BELLE GLADE, FL 33430 City-St-Zip: BELLE GLADE, FL 33430 () Delete () Change () Addition Title: TD Title: CLAY, IRENÈ Name: Name: 1216 SW AVENUE C PL Address: Address: City-St-Zip: BELLE GLADE, FL City-St-Zip: Title: () Delete Title: SD (X) Change () Addition PARSELL, PHYLLIS PURSELL, PHYLLIS Name: Name: 1600 GATOR ROAD 1600 GATOR ROAD Address: Address: BELLE GLADE, FL 33430 City-St-Zip: City-St-Zip: BELLE GLADE, FL 33430 Title: () Delete Title: (X) Change () Addition RIDGDILL, SHERIDA SMITH, TONY Name: Name: Address: 651 NW 9TH STREET Address: 335 SW 2ND AVE. BELLE GLADE, FL 33430 SOUTH BAY, FL 33493 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH AMATO CEO 03/10/2004

LISA KAYE HUGHES 14830 US 441 N CANAL POINT, FL 33438

JEANELLE MEREDITH D 800 SOUTH MAIN ST. BELLE GLADE, FL 33430

TERRI CALSETTA D 164 PAR DR. ROYAL PALM BEACH, FL 33411