

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748518

FILED
Feb 15, 2011
Secretary of State

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

Current Principal Place of Business:

408 S.E. MLK JR BLVD
BELLE GLADE, FL 33430 US

New Principal Place of Business:

Current Mailing Address:

9774 BOWLINE DRIVE
201
WEST PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 59-1968743 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

AMATO, JOSEPH
9774 BOWLINE DRIVE
201
WEST PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

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:

Title: P
Name: GILBERT, DOROTHY
Address: 605 SW 13TH STREET
City-St-Zip: BELLE GLADE, FL 33430 US

Title: S
Name: SCHENCK, KENNETH
Address: 357 KISMET AVENUE
City-St-Zip: PAHOKEE, FL 33476 US

Title: V
Name: WOODHAM, LEIGH
Address: 833 FLEMING DRIVE
City-St-Zip: BELLE GLADE, FL 33430 US

Title: T
Name: AMATO, JOSEPH
Address: 9774 BOWLINE DRIVE
City-St-Zip: WEST PALM BEACH, FL 33411 US

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH AMATO

T

02/15/2011

Electronic Signature of Signing Officer or Director

Date