## 2002 UNIFORM BUSINESS REPORT (UBR)

#### DOCUMENT # N01000008440 1. Entity Name

### PLANNED APPROACH TO COMMUNITY HEALTH ADVISORY CO UNCIL OF PALM BEACH COUNTY, INC.

Principal Place of Business Mailing Address 324 DATURA STREET STE 401 WEST PALM BEACH FL 33401 324 DATURA STREET STE 401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 30-0007978 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CROWELL, EDWARD J 324 DATURA STREET STE 401 WEST PALM BEACH FL 33401 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algnature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 lst V. Juanita Bryant \*\* TITI F Delete TITLE ☐ Change X Addition NAME NAME 1845 S. Federal Highway STREET ADDRESS STREET ADDRESS Delray Beach, FL 33483 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change X Addition Jevne Hosier 🕖 NAME NAME STREET ADDRESS STREET ADORESS 401 LaMancha CITY ST ZIP Royal Palm Beach, FL 33411 CITY-ST-ZIP TITLE P. Elect ☐ Delete TITLE ☐ Change Addition NAME Newly Wilson  $\mathcal{D}$ STREET ADDRESS 15700 Rolling Meadows Circle STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Wellington, FL 33414 TITLE ☐ Delete ME 2nd-1 ☐ Change Addition Dan DéCarlo NAME NAME STREET ADDRESS 100 E. Boynton Beach Blvd. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Boynton Beach, FL 33435 TITLE ☐ Delete ☐ Change . Addition NAME Lorenzo Young D NAME STREET ADDRESS STREET ADDRESS 501 West Kalima CITY-ST-ZIP

**FILED** Jun 16, 2002 8:00 am

**Secretary of State** 

05-12-2002 90568 034 \*\*\*\*61.25

12. I hereby certify that the information supplied with this filling 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 in the chapter 617. Florida Statutes and that my name appears in Block 10 or Block 11 in the chapter 617.

CITY-ST-7IP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

☐ Celete

SIGNATURE:

TIFLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Lake Park, FL 33403 Assistant T.

Henrietta Johnson

Belle Glade, FL -33430

141 NW 4th Street

☐ Change X Addition

# 35354 Altachment # NO 1000008440

# 2002 UNIFORM BUSINESS REPORT

Planned Approach to Community Health Advisory Council, of Palm Beach County, Inc.

### 11: (Continued)

Title: S. Addition Hyacinth Wilson 15700 Rolling Meadows Circle Wellington, FL 33414

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