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2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State
01-13-2003 90152 020 ****61.25

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	PO BOX 210803 ROYAL PALM BEACH FL 33421

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
110 North F Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeworth Florida	City & State
Zip: 33460 Country: USA	Zip Country

4. FEI Number 30-0007978 ☐ Applied For ☐ Not Applicable

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
CROWELL, EDWARD J 324 DATURA STREET STE 401 WEST PALM BEACH FL 33401	Name: Edward J. Crowell Street Address (P.O. Box Number is Not Acceptable): 5111 SE Miles Grant Road Apt 201 City: Stuart FL Zip Code: 34997

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: E Crowell
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VP "D" BRYANT, JUANITA 1845 S. FEDERAL HWY. DELRAY BEACH FL 33483	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary "D" Laurinda Ryan 145 N E 4th Avenue Boynton Beach Florida 33435	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOSIER, JEVNE 401 LAMANCHA ROAYL PALM BEACH FL 33411	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President "D" Edward J. Crowell 5111 S E Miles Grant Road Apt 201 Stuart Florida 34997	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED WILSON, NEWLY 15700 ROLLING MEADOWS CIR. WELLINGTON FL 33414	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Second Vice President "D" Kelvin Bledsoe 1700 North Australian Avenue West Palm Beach, Florida 33407	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2V DECARLO, DAN 100 E. BOYNTON BEACH BLVD. BOYNTON BEACH FL 33435	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD YOUNG, LORENZO 501 WEST KALIMA LAKE PARK FL 33403	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Assistant Treasurer Rafael Duran "D" 25 S.E Avenue Suite I Belle Glade Florida 33430	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT JOHNSON, HENRIETTA 141 NW 4TH ST. BELLE GLADE FL 33430	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer "D" Henrietta Johnson 141 NW 4th Street Belle Glade. Florida 33430	☑ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #