


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2006 8:00 am
Secretary of State

07-03-2006 90001 031 ****61.25

DOCUMENT # N04000002892 1. Entity Name BOYNTON BEACH PLANNED APPROACH TO COMMUNITY HEALTH, INC.					
Principal Place of Business P.O. BOX 1487 BOYNTON BEACH, FL 33425-1487			Mailing Address P.O. BOX 1487 BOYNTON BEACH, FL 33425-1487		
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 20-0818669	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent D'ALMEIDA, ARTHUR B 105 EAST PALMETTO PARK RD. BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DV GIRTMAN, ANGELA 101 N.E. 5TH AVE. BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Brian Edwards 629 N.E. 9th Ave. Boynton Beach, Fl. 33435 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RYAN, LORRAINE SR 145 N.E. 4TH AVE. BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Marsha Norfus 261 N. Palm Drive, Boynton Beach, Fl. 33435 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DAVIS, ELLEN 6062 TERRAROSA CIR. BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 live empowered.					
SIGNATURE: <u>Angela D. Girtman</u> Angela D. Girtman <u>6/28/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40097670



04182006 Chg-NP CR2E037 (11/05)

ATTACHMENT

40097670

#N04000002892



**PLANNED APPROACH TO COMMUNITY HEALTH
BOYNTON BEACH**

P.O. BOX 1487, BOYNTON BEACH, FL. 33425-1487

C/o Women's Circle, Inc.

145 N.E. 4th Ave.

Boynton Beach, Fl. 33435

(561) 364-9501

fax(561) 364-7288

email: womcir@aol.com

June 28, 2006

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32302-1500

Dear Friends at the Division of Corporations,

Greetings!

Please excuse the delay in getting this report to you. The forms were delayed in the mail between the accountant and our officers. Hoping you will understand.

Sincerely,

Sister Lorraine Ryan, MMS, RN, BSN, MPH
Member of Board

Attached copy of current officers.

ATTACHMENT

40097670
#184600002892

BOYNTON BEACH P.A.T.C.H., INC.
P.O.Box 1487, Boynton Beach, Fl. 33425-1487

C/o Women's Circle, Inc.
145 N.E. 4th Ave.
Boynton Beach, Fl. 33435
(561) 364-9501, ext. 26
Fax: (561) 364-7288

For May 16, 2006

BOARD OF DIRECTORS

Brian Edwards, 629 N.E. 9th Ave., Boynton Beach, Fl. 33435. President. 375-6606.

Angela Girtman, 101 N.E. 5th Ave., Boynton Beach, Fl. 33435. Vice-President. 737-6067.

Marsha Norfus, 261 N. Palm Drive, Boynton Beach, Fl. 33435. Secretary. 704-5362.

Caroleann Hysse, 1201 S.W. 3rd St., Boynton Beach, Fl. 33435. Treasurer. 577-5353.

Susan Beidler, 3045 Wedgewood Blvd., Delray Beach, Fl. 33445. (561) 516-1544 or 638-1246.

Ellen Davis, 6062 Terra Rosa Circle, Boynton Beach, Fl. 33437. 736-6026.

Rita Amy "Tammy" Dekker, ARNP, 1769 Bell Lane, West Palm Beach, Fl. 33406. 616-4101.

Elizabeth Jenkins, 711 N.W. 1st St., Boynton Beach, Fl. 33435. 737-3765.

Sherry Johnson, 145 N.E. 4th Ave., Boynton Beach, Fl. 33435. 364-9501, ext. 25.

Thelma Lyons, 100 E. Boynton Beach Blvd., Boynton Beach, Fl. 33425. 742-6029.

Sister Lorraine Ryan, 145 N.E. 4th Ave., Boynton Beach, Fl. 33435. 364-9501, ext. 26.