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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N44497

(8)

C.L. BRUMBACK HEALTH CENTER GOVERNING BOARD, INC. OF PALM BEACH COUNTY

Principal Place of Business

Mailing Address

FILED
Mar 05 1996 8:00 am
Secretary of State

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38754 STATE BELLE GLADE		38754 STATE ROAD 80 BELLE GLADE FL 33430								
					3. Date incorporated or Qualified 07/31/1991	3a. Date of Las 05/01/1				
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number 59-6001874		Applied For			
21		26			33 000 1814		Not Applicable			
Suite, Apt.	#, etc.	27				Fee	5 Additional Required			
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees			
<b>23</b> Zip	Country	Zip			8. This corporation has liability for intangible tax under s. 199.032,					
24	25	29	30		Florida Statutes 🔲 Yes 🔀 No					
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
			ļ;	Name	9					
	Y, JACQUELIN A. RNIA STEET		1	82 Street Address (P.O. Box Number is Not Acceptable)						
	ALM BEACH FL 33401		-	33						
1				34 City		65 Z	rip Code			
						FL	, , , , , , , , , , , , , , , , , , ,			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
SIGNATURE .						DATE				
12.	Signature, typed or printed name of registered age	nt and title if applicatile (N ND DIRECTORS	OTE Registered /	gent signatur	erequired when reinstating)  ADDITIONS/CHANGES TO OFF		ORS IN 12			
12. 111LE	PVice President		1.1 70	.E	1	<b>XX</b> Change				
NAMÉ	WILLFORD, DOROTHY		1.2 NA	AE .	President/D Sister Amedee Max					
STREET ADDRESS	605 SW 13TH ST.		1.3 ST	EET ADDRESS	ADE C W Ath Ctm	na+				
CITY-ST-ZIP	BELLE GLADE FL 33430		1.4 CiT	Y-ST-ZIP	Belle Glade, Fl	33430				
TILE	D	DELETE	2 1 10	.E	Vice President/D	Change	Addition			
NAME	MCKINSEY, DEOTHIA		2 2 NA	ME	Dorothy Willford					
STHEET ADDRESS	631 AMARYLLIS AVENUE		23 STI	EET ADDRES	605 S.W. 13th St	reet				
CITY - ST - ZiP	PAHOKEE FL		2 4 CI	Y-ST-ZIP	Belle Glade, Fl		ARR			
TETLE	C	DELETE	3 1 717	Æ	1	المستعلق الماسكة	Addition			
NAME	WILLFORD, DOROTHY		3 2 NA	KTE GO	ODS/SERVICES REC'D 22/16/2	1600 5				
STHEET ADDRESS	605 S.W. 13TH ST.		3351	EET ADORES	ODS INSPECTED & APPROVED	7.52 1122	MILO			
CITY - ST - ZIP	BELLE GLADE FL 33430	DELETE	3 4 CI	system c	THE DESCRIPTION OF THE 123	U	Addition			
TITLE	S Secretary/D BYRD, JAMES		4.1 III 4.2 N/	MIE IN	VOICES RECEIVED	~	7.00			
NAME	1224 S.W. AVE C		4.2 N/	າວນຽບໄ ການ	ED FOR PAYMENT	7	:			
STREET ADDRESS	BELLE GLADE FL 33430					<b>r</b>				
C(TY - ST - Z)P	T	<b>™</b> DELETE	5 1 III	Y-ST-ZIP		Change	e			
TITLE	ROKER, BERTHA	J. Occept	5.2 NA		1	<u> </u>				
NAM:	185 S.W. 10TH AVE.			MI. REET ADDRÉS						
STREET ADDRESS	SOUTH BAY FL 33493			Y-ST-ZIP						
CITY-ST-ZIP	Treasurer	DELETE	6.1 Til			Change	e Addition			
NAME	SIMS, MARTHA	— í	6 2 NA	ME						
STREET ADDRESS	637 SE 5TH ST.		1	REET ADDRES	s		1110			
CITY-ST-ZIP	BELLE GLADE FL 33430			Y-ST-ZIP			<b>1X</b>			
GITT-31-ZIP	to a diff. the table information complete	d ith this films is voluntarily for	raiched and	lone not c	walify for the exemption stated in Section 119	07/3\/k) Florida Sta	lutes Ujurther			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_

MONATION AND TYPED OF DENINED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/96

996--0483 Daytime Phone # CR2E037 (12/95)



## STATE OF FLORIDA DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

## C.L. Brumback Health Center Governing Board, Inc., Of Palm Beach County Board Of Directors

## 1995-1996

Byrd, James R. 1224 S.W. Avenue "C" Belle Glade, Florida 33430 (407) 996-4518

Frazier, Agnes 625 S.W. 12th Street Belle Glade, Florida 33430 (407) 996-7102

Hudson Larsen, Joy 1001 S.W. 2nd Street Belle Glade, Florida 33430 (407) 996-1120

Maxwell, Sister Amedee Post Office Box 1000 Belle Glade, Florida 33430 (407) 996-0483

Preval, Celianne 425 S.W. Avenue "E" #3 Belle Glade, Florida 33430 (407) 996-4547

Sims, Martha 637 S.E. 5th Street Belle Glade, Florida 33430 (407) 996-2973 Everett, Lolitha 215 Apple Avenue Pahokee, Florida 33476 (407) 924-7230

Garcia, Virginia 240 Shive Drive Pahokee, Florida 33476 (407) 924-3581

Lucas, Willie Mae 225 S.W. 9th Avenue #2 South Bay, Florida 33493 (407) 992-2413

Murray, Carmina 605 S.W. 13th Street Belie Glade, Florida 33430 (407) 996-2025

Rocker, Bertha 185 S.W. 10th Avenue South Bay, Florida 33493 (407) 996-6614

Willford, Dorothy 506 S.W. 13th Street Belle Glade, Florida 33430 (407) 996-3992

DISTRICT IX

PALM BEACH COUNTY PUBLIC HEALTH UNIT - 38754 SR 80 - BELLE GLADE, FL. 33430 - (407) 996-1640

LAWTON CIPLES, GOVERNOR