

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 FEB -6 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N44497 (8)

1. Corporation Name

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

Principal Place of Business

Mailing Address

38754 STATE ROAD 80
BELLE GLADE FL 33430

38754 STATE ROAD 80
BELLE GLADE FL 33430-5615



3. Date Incorporated or Qualified
07/31/1991

3a. Date of Last Report
03/05/1996

4. FEI Number

59-6001874

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHESNEY, JACQUELIN A.
826 EVERNIA STEET
WEST PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 office 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 am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Jacqueline A. Chesney

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME MAXWELL, AMEDEE
STREET ADDRESS 425 S.W. 4TH ST.
CITY-ST-ZIP BELLE GLADE FL 33430

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Willford, Dorothy
1.3 STREET ADDRESS 605 S.W. 13th St.
1.4 CITY-ST-ZIP Belle Glade, FL 33430

TITLE VD ☐ DELETE
NAME WILLFORD, DOROTHY
STREET ADDRESS 605 S.W. 13TH ST.
CITY-ST-ZIP BELLE GLADE FL 33430

2.1 TITLE V ☒ Change ☐ Addition
2.2 NAME Byrd, James
2.3 STREET ADDRESS 1224 S.W. Ave. C
2.4 CITY-ST-ZIP Belle Glade, FL 33430

TITLE SD ☐ DELETE
NAME BYRD, JAMES
STREET ADDRESS 1224 S.W. AVE. C
CITY-ST-ZIP BELLE GLADE FL 33430

3.1 TITLE S ☒ Change ☐ Addition
3.2 NAME Lucas, Willie
3.3 STREET ADDRESS 225 S.W. 9th Ave, Apt. 102
3.4 CITY-ST-ZIP South Bay, FL 33493

TITLE D ☐ DELETE
NAME FRAZIER, AGNES
STREET ADDRESS 625 S.W. 2ND ST.
CITY-ST-ZIP BELLE GLADE FL 33430

4.1 TITLE T ☒ Change ☐ Addition
4.2 NAME Wilkerson, Mary
4.3 STREET ADDRESS 644 S.W. 5th St.
4.4 CITY-ST-ZIP Belle Glade, FL 33430

TITLE TD ☐ DELETE
NAME SIMS, MARTHA
STREET ADDRESS 637 S.E. 5TH ST.
CITY-ST-ZIP BELLE GLADE FL 33430

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME HUDSON-LARSEN, JOY
STREET ADDRESS 1001 S.W. 2ND ST.
CITY-ST-ZIP BELLE GLADE FL 33430

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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:

Dorothy Willford

1-16-97

CR2E037 (9/96)

STATE OF FLORIDA

VOUCHER SCHEDULE

DATE

01/27/97

S-W/Agency Voucher No.

H70-0016-6648

003296

OLO 600000

JT-2

DEPARTMENT DIST IX PALM BEACH COUNTY HEALTH DEPT (IX)

SITE HRS - DISTRICT 9 - PALM BEACH CO HEALTH UNIT

COMPTROLLER ACCOUNT NUMBER	CF	OBJECT CODE	TRANS CODE	TRANS CODE
	COMPTROLLER ACCOUNT NAME		25	45
	INVOICE		INCREASE AMOUNT	INCREASE AMOUNT
60202141001-6060110009-030000000	OTHER PERSONAL SERVICES	1313	70.00	
	INV: 1997 70.00			
45202130001-4530000000-00010000	FEES			70.00

TRANSACTION TYPE: JOURNAL ADVICE

TOTAL

70.00

TOTAL

70.00

I hereby certify that the above transactions are in accordance with the
Florida Statutes and all applicable laws and rules of the State of Florida.

For State Comptroller's Use Only

Time In

APPROVED: 

Audited By

TITLE