2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N44497

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

FILED
04 JUL -6 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
38754 STATE ROAD 80 BELLE GLADE, FL 33430	38754 STATE ROAD 80 BELLE GLADE, FL 33430

01262004 Chg-NP CR2E037 (10/03)

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 65-0360350 ☐ 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
TRENSCHEC, ROBERT 38754 ST RD. 80 BELLE GLADE, FL 33430	Name: Jacqueline Lobban-Marsan Street Address (P.O. Box Number is Not Acceptable): 38754 State Road 80 City: Belle Glade **FL** Zip Code: 33430

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: _____ ADMINISTRATOR Jacqueline MARSAN 4/17/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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	C WOODHAM, BRENT PO BOX 666 BELLE GLADE, FL 33430	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Michael E. Jackson 430 S.E. 2nd Street South Bay, FL 33493 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC ROBINSON, MERCEDES 857 SW AVE C PLACE BELLE GLADE, FL 33430	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Naomi Haughton 746 Frasier Court Pahokee, FL 33476 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALKER, MATTIE 1241 SW AVE C PLACE BELLE GLADE, FL 33430	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Patricia Keys 1324 W. 33rd Street Riviera Beach, FL 33404-2956 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SINGLETARY, GENEVA 592 SW 10TH ST BELLE GLADE, FL 33430	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bobbi Valentine 716 Aspen Road West Palm Beach, FL 33417 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MERICANTANTE, FR. JOHN 1150 E MAIN ST PAHOKEE, FL 33476	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Raymond T. Adams Jr. 5071 Willow Pond Road West West Palm Beach, FL 33409 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EVERETT, LOLITHA 215 APPLE AVENUE PAHOKEE, FL 33476	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$5.00 DOH SP 4/16 — ☐ Change ☐ Addition

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: _____ Jacqueline Marsan 4/17/04 561-966-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

POSTED JOURNAL TRANSACTIONS BY SWDN WITHIN BENEFITTING OLO AND SITE

AUDIT LOCATION - STATEWIDE
OLO 450000 - DEPARTMENT OF STATE
SITE 00 - DEPARTMENT OF STATE

OLO 640000 - DEPARTMENT OF HEALTH
SITE 50 - PALM BEACH CHD - MICHAEL BEARD
(561)355-3125

SWDN D4000566400 ADOCNO V002114

ACCOUNT CODE	CF	TC	OBJECT	AMOUNT	BENEFITTING DATA ACCOUNT CODE	CF	TC	OBJECT
64 20 2 141001 64200700 50 040000 00		25	3800	61.25	45 10 1 000132 45300100 00 000100 00 INVOICE # N44497 61.25		45	
TRANSACTION CODE TOTAL - 25				61.25	45			61.25

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ENTERED APR 30 2004