


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

05 SEP 20 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N44497 1. Entity Name C.L. BRUMBACK HEALTH CENTER GOVERNING BOARD, INC. OF PALM BEACH COUNTY					
Principal Place of Business 38754 STATE ROAD 80 BELLE GLADE, FL 33430			Mailing Address 38754 STATE ROAD 80 BELLE GLADE, FL 33430		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		07192005 Chg-NP CR2E037 (10/03)	
4. FEI Number 65-0360350				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOBBAN-MARSAN, JACQUELINE 38754 STATE ROAD 80 BELLE GLADE, FL 33430			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 <u><i>J. Marsan</i></u> 7/25/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by September 7, 2005		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	C WOODHAM, BRENT PO BOX 666 BELLE GLADE, FL 33430	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Raymond T. Adams, Jr. 5071 Willow Pond Road West West Palm Beach, Florida 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC ROBINSON, MERCEDES 857 SW AVE C PLACE BELLE GLADE, FL 33430	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Patricia Keys 1324 W. 33rd Street Riviera Beach, Florida 33404	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, MATTIE 1241 SW AVE C PLACE BELLE GLADE, FL 33430	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mary Johnson 190 N. State Road 715 Lot 165 Belle Glade, Florida 33430	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACKSON, MICHAEL E 430 S.E. 2ND STREET SOUTH BAY, FL 33493	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Bobbi Valentine 716 Aspen Road West Palm Beach, Florida 33409	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERICANTANTE, FR. JOHN 1150 E MAIN ST PAHOKEE, FL 33476	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tania Barcenias 1272 Stillwell Road Belle Glade, Florida 33430	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAUGHTON, NAOMI 746 FRASIER COURT PAHOKEE, FL 33476	<input checked="" type="checkbox"/> Delete	J.T. From Dept. of Health 8/9/20		
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: <u><i>J. Marsan</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7/27/05 (501) 996-1608 <small>Date Daytime Phone #</small>		

STATE OF FLORIDA		VOUCHER SCHEDULE		DATE 08/31/2005		S-W/Agency Voucher No.	
OLO 640000		JT-2				D60-0011-7563	
DEPARTMENT PALM BEACH COUNTY HEALTH DEPARTMENT						000426	
SITE PALM BEACH CHD - MICHAEL BEARD							
CFO ACCOUNT NUMBER	CF	OBJECT CODE	TRANS CODE	25	TRANS CODE	45	
CFO ACCOUNT NAME							
INVOICE	INVOICE AMOUNT		INCREASE AMOUNT		INCREASE AMOUNT		
64202141001-6420070050-040000000		4990		70.00			
COUNTY HEALTH DEPARTMENT TRUST EXPENSES							
INV: N44497	70.00						
45101000132-4530010000-00010000						70.00	
GENERAL REVENUE FUND FEES							
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

APPROVED:

Michael J. Beard

Accounting Services Supervisor

TITLE

Time In

Audited By

FHFC COPY

VOUCHER SUMMARY DETAIL REPORT

OPERATING ORGANIZATION: 64 00 00 SITE: 50

DATE: 08 30 05

TIME: 11:18:00

VOUCH# 000001 VOUCHER TYPE C2 GROUP : SF AGENCY NAME STATE

LINE TR TRDATE L1-LS EO VR OBJECT ...AMOUNT... GP SF P1D BE IBI CAT YR CF SUB-VENDOR-ID INVOICE BKJ OCA
 VENDOR-ID BP-CAT BF-YR/CP BP-ORG BP-OPT BF-DB OTHER DOC SEC-DOC CK-NO CK-DT B BFIN START
 51 08292005 64365001400 CM 05 499003 70.00 20 2 141001 64200700 50 040000 00 N44497 MHC05
 451010001324530010000 000100 00 001000 D0156833 CMG00

TOTAL VOUCH# 000001 70.00

[Handwritten Signature]