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2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2007 JUL 30 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07022007 Chg-NP CR2E037 (12/06)

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0360350	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input checked="" type="checkbox"/> Not Applicable	
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 FL Zip Code	
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) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		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	Treasure Bobbi Valentine 716 Aspen Road West Palm Beach, FL 33409 <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 Leslie Christian 614 44th Street Apt.#1 West Palm Beach, FL 33407 <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#234 Belle Glade, Florida 33430 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, RAYMOND T JR 5071 WILLOW POND ROAD WEST WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shirley White 5109 Willow Pond Road West West Palm Beach, FL 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERICANTANTE, JOHN FR 1150 E MAIN ST PAHOKEE, FL 33476 <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	D KEYS, PATRICIA 1324 W 33RD STREET RIVIERA BEACH, FL 33404 <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 like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 7/5/07 Daytime Phone #		

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2007

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STATE OF FLORIDA		VOUCHER SCHEDULE		DATE 07/24/2007		S-W/Agency Voucher No.	
OLO 640000		JT-2				D80-0003-7434	
DEPARTMENT PALM BEACH COUNTY HEALTH DEPARTMENT						000162	
SITE PALM BEACH CHD - MICHAEL BEARD						S	
CFO ACCOUNT NUMBER	CF	OBJECT CODE	TRANS CODE	25	TRANS CODE	45	
CFO ACCOUNT NAME							
INVOICE	INVOICE AMOUNT		INCREASE AMOUNT		INCREASE AMOUNT		
64202141001-6420070050-04000000		4990	61.25				
COUNTY HEALTH DEPARTMENT TRUST							
EXPENSES							
INV: N44497	61.25						
45101000132-4530010000-00010000							61.25
GENERAL REVENUE FUND							
FEES							
		TOTAL		TOTAL			
		61.25		61.25			

TRANSACTION TYPE: JOURNAL ADVICE

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:



Accounting Services Supervisor

TITLE

Audited By

FHEC COPY