

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44497

FILED
Jan 30, 2009
Secretary of State

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

Current Principal Place of Business:

38754 STATE ROAD 80
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

38754 STATE ROAD 80
BELLE GLADE, FL 33430

New Mailing Address:

FEI Number: 65-0360350 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LOBBAN-MARSAN, JACQUELINE
38754 STATE ROAD 80
BELLE GLADE, FL 33430 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: ADAMS, RAYMOND T JR
Address: 5071 WILLOW POND ROAD WEST
City-St-Zip: WEST PALM BEACH, FL 33476

Title: VC () Delete
Name: MERICANTANTE, JOHN FR
Address: 1200 EAST MAIN ST
City-St-Zip: PAHOKEE, FL 33476

Title: S () Delete
Name: WALKER, MATTIE
Address: 1241 SW AVE C PLACE
City-St-Zip: BELLE GLADE, FL 33430

Title: T () Delete
Name: VALENTINE, BOBBI
Address: 716 ASPEN ROAD
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D () Delete
Name: CHRISTIAN, LESLIE
Address: 1845 DIVISION AVENUE APT #3
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: WHITE, SHIRLEY
Address: 1460 WINDORAH WAY APT C
City-St-Zip: WEST PALM BEACH, FL 33415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WINNIE, GIPSON D
Address: 1241 S.W. 4TH STREET
City-St-Zip: DELRAY BEACH, FL 33444

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: AMBROISE-SMITH, EMELYNE
Address: 110 NORTH
City-St-Zip: LAKE WORTH, FL 33460

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILTA C. KYLES

SEC

01/30/2009

Electronic Signature of Signing Officer or Director

Date

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Fid. 1/30/09

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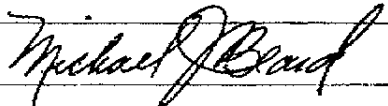
STATE OF FLORIDA	VOUCHER SCHEDULE	DATE 02/10/2009	S-W/Agency Voucher No.
OLO 640000	JT-2		D90-0045-3892
DEPARTMENT PALM BEACH COUNTY HEALTH DEPARTMENT			001808
SITE PALM BEACH CHD - MICHAEL BEARD			

CFO ACCOUNT NUMBER	CF	OBJECT CODE	TRANS CODE	TRANS CODE
			25	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	TOTAL
	70.00	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 CFO Use Only

APPROVED: 
Accounting Services Supervisor
TITLE

Time In
Audited By