

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44497

FILED
Jan 09, 2012
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 EXE DIR
800 CLEMATIS
FLOOR: 05 ROOM: 534
WEST PALM BEACH, FL 33401 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
Name: DR. DORAN, RUTH
Address: 5079-6HEATHERHILL LANE
City-St-Zip: BOCA RATON, FL 33486

Title: VC
Name: WHITE, SHIRLEY
Address: 3180 N HAVERHILL ROAD APT 104
City-St-Zip: WEST PALM BEACH, FL 33417

Title: S
Name: WALKER, BLANCA E
Address: 390 JUNIPER AVENUE
City-St-Zip: PAHOKEE, FL 33476

Title: T
Name: WINNIE, GIPSON D
Address: 1421 S.W. 4TH STREET
City-St-Zip: DELRAY BEACH, FL 33444

Title: M
Name: MERICANTANTE, FR. JOHN
Address: 1200 EAST MAIN STREET
City-St-Zip: PAHOKEE, FL 33476

Title: M
Name: NAVARRO, FRANCES
Address: 4757 SUNNY PALM PALM COURT APT. A
City-St-Zip: WEST PALM BEACH, FL 33415

I hereby 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 all other like empowered.

SIGNATURE: JACQUELINE LOBBAN-MARSAN


CEO

01/09/2012

Electronic Signature of Signing Officer or Director

Date

N44497
1-9-12

STATE OF FLORIDA		VOUCHER SCHEDULE		DATE 01/24/2012		S-W/Agency Voucher No. D20-0039-0762 001899 A	
CFO ACCOUNT NUMBER		CFO ACCOUNT NAME		OBJECT CODE	TRANS CODE	TRANS CODE	
INVOICE		INVOICE AMOUNT			INCREASE AMOUNT	INCREASE AMOUNT	
64202141001-6420070050-04000000		COUNTY HEALTH DEPARTMENT TRUST EXPENSES		4990	70.00		
INV: N44497		70.00					
45101000132-4530010000-00010000		GENERAL REVENUE FUND FEES					70.00
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 State CFO Use Only			
APPROVED: 				Time in		Audited By	
TITLE CFO							

ORIGINAL COPY