

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 13 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N34749 (4)**  
 1. Corporation Name  
**CHILDREN'S CASE MANAGEMENT ORGANIZATION, INC.**



Principal Place of Business % PHILIP M. SPRINKLE II. ESO. 777 S FLAGLER DR. STE-900 WEST PALM BEACH FL 33401 US	Mailing Address % PHILIP M. SPRINKLE II. ESO. 777 S FLAGLER DR. STE-900 WEST PALM BEACH FL 33401 US
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3. Date Incorporated or Qualified <b>10/17/1989</b>	
4. FEI Number <b>65-0166352</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. <b>Suite 900 East Tower</b> City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. <b>Suite 900 East Tower</b> City & State 27 28 Zip Country 29 30
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9. Name and Address of Current Registered Agent  
**SPRINKLE, PHILIP M., II, ESO.**  
**777 SOUTH FLAGLER DRIVE**  
~~SUITE 900, EAST TOWER~~  
**WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 **Suite 900 East Tower**  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when relating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WOLF, BRIAN	
STREET ADDRESS	4749 BRADY LANE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MCWHORTER, LISA	
STREET ADDRESS	2115 DOCK ST.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BERNARD, DONTH	
STREET ADDRESS	2580 RCA BLVD. STE. 108	
CITY-ST-ZIP	PALM BCH GDNS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALOIA, CHERYL	
STREET ADDRESS	5088 BRIAN BLVD	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCWHORTER, LISA	
STREET ADDRESS	2115 DOCK ST	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BESHARA, RONALD	
STREET ADDRESS	901 45 ST	
CITY-ST-ZIP	WEST PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bell, Betty	
1.3 STREET ADDRESS	2422 24th Lane	
1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	15842 112th Drive North	
4.4 CITY-ST-ZIP	Jupiter Farms, FL 33478	
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Smith, Halsey	
5.3 STREET ADDRESS	132 Royal Palm Way	
5.4 CITY-ST-ZIP	Palm Beach, FL 33480	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Betty Bell* Betty Bell President 4-22-98 561-881-5572

CF2E037 (10/97)

**CHILDREN'S CASE MANAGEMENT ORGANIZATION, INC.**

attachment to Florida 1998 Nonprofit Corporation Annual Report

Additional Directors

Wolf, Brian  
4749 Brady Lane  
Palm Beach Gardens, FL 334418

Goldstein, Harriett  
9123 North Military Trail, Suite 103  
Palm Beach Gardens, FL 33410-4808

LaMedica, Mary T.  
2559 Fairway Island Drive  
Wellington, FL 33414

Goldberg, Scott  
218 U.S. Highway One, Suite 301  
Tequesta, FL 33469

Beaton, Gail  
16416 132nd Terrace North  
Jupiter, FL 33418

Navarro, Daniel  
155 Isle of Venice, #704  
Ft. Lauderdale, FL 33301

Stevens, Karlene S.  
515 North Flagler Drive  
Suite 300 Pavillion  
West Palm Beach, FL 33401

Suncine, Brie  
3224 32nd Court  
Jupiter, FL 33477