

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34749

1. Corporation Name

CHILDREN'S CASE MANAGEMENT ORGANIZATION, INC.

Principal Place of Business

% PHILIP M. SPRINKLE II. ESQ.
STE 900 EAST TOWER
WEST PALM BEACH FL 33401
US

Mailing Address

% PHILIP M. SPRINKLE II. ESQ.
STE 900 EAST TOWER
WEST PALM BEACH FL 33401
US

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Apr 14, 1999 8:00 am
Secretary of State

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2. Principal Place of Business

21 Children's Case Mgmt Org

2a. Mailing Address

26 Children's Case Mgmt Org

Suite, Apt. #, etc.

27 1720 E. Tiffany Dr Ste 101

City & State

28 West Palm Beach, Fl.

Zip

29 33407

Country

30 U.S.A.

3. Date Incorporated or Qualified

10/17/1989

4. FEI Number

65-0166352

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SPRINKLE, PHILIP M., II, ESQ.
777 SOUTH FLAGLER DRIVE
STE 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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BELL, BETTY
STREET ADDRESS 2422 24TH LANE
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

☐ DELETE

TITLE VPD
NAME MCWHORTER, LISA
STREET ADDRESS 2115 DOCK ST.
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

TITLE TD
NAME BERNARD, DONTN
STREET ADDRESS 2560 RCA BLVD. STE. 108
CITY-ST-ZIP PALM BCH GDNS FL

☐ DELETE

TITLE D
NAME ALOIA, CHERYL
STREET ADDRESS 15842 112TH DRIVE N
CITY-ST-ZIP JUPITER FARMS FL 33478

☐ DELETE

TITLE SD
NAME SMITH, HALSEY
STREET ADDRESS 132 ROYAL PALM WAY
CITY-ST-ZIP PALM BEACH FL 33480

☐ DELETE

TITLE D
NAME BESHARA, RONALD
STREET ADDRESS 901 45 ST
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Scott Goldberg
1.3 STREET ADDRESS 896 S. Patrick Circle
1.4 CITY-ST-ZIP West Palm Beach, FL 33406

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Karlene S. Stevens
2.3 STREET ADDRESS 1655 Palm Beach Lakes Blvd. Suite 1012
2.4 CITY-ST-ZIP West Palm Beach, FL 33401

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Brie Suncine
3.3 STREET ADDRESS 225 9th Street
3.4 CITY-ST-ZIP West Palm Beach, FL 33401

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President 3/24/99 561-881-5572

CR2E037 (1/198)