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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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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2. Principal Place of Business 21 Children's Case Mgmt Org	2a. Mailing Address 26 Children's Case Mgmt Org	3. Date Incorporated or Qualified 10/17/1989
Suite, Apt. #, etc. 22 1720 E Tiffany Dr Ste 101	Suite, Apt. #, etc. 27 1720 E. Tiffany Dr Ste 101	4. FEI Number 65-0166352
City & State 23 West Palm Beach, Fl	City & State 28 West Palm Beach, Fl.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip Country 24 33407 U.S.A.	Zip Country 29 33407 U.S.A.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SPRINKLE, PHILIP M., II, ESQ. 777 SOUTH FLAGLER DRIVE STE 900 EAST TOWER WEST PALM BEACH FL 33401				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, BETTY	1.2 NAME	Scott Goldberg
STREET ADDRESS	2422 24TH LANE	1.3 STREET ADDRESS	896 S. Patrick Circle
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	1.4 CITY-ST-ZIP	West Palm Beach, FL 33404
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCWHORTER, LISA	2.2 NAME	Karlene S. Stevens
STREET ADDRESS	2115 DOCK ST.	2.3 STREET ADDRESS	1655 Palm Beach Lakes Blvd. Suite 1012
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARD, DONTH	3.2 NAME	Brie Suncine
STREET ADDRESS	2560 RCA BLVD. STE. 108	3.3 STREET ADDRESS	225 9th Street
CITY-ST-ZIP	PALM BCH GDNS FL	3.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALOIA, CHERYL	4.2 NAME	
STREET ADDRESS	15842 112TH DRIVE N	4.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FARMS FL 33478	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, HALSEY	5.2 NAME	
STREET ADDRESS	132 ROYAL PALM WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESHARA, RONALD	6.2 NAME	
STREET ADDRESS	901 45 ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	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]* **SIGNATURE REQUIRED** Vice President 3/24/99 561-881-5572
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1.1/98)