


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90023 019 ****70.00

DOCUMENT # N34749
1. Entity Name
CHILDREN'S CASE MANAGEMENT ORGANIZATION, INC.



Principal Place of Business
1720 E TIFFANY DR
STE 101
WEST PALM BEACH, FL 33407 US

Mailing Address
1720 E TIFFANY DR
STE 101
WEST PALM BEACH, FL 33407 US

40005408



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01032008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
65-0166352

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWINDLER, JULIE
1720 E TIFFANY DR.
STE. 101
WEST PALM BEACH, FL 33407

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P Delete
NAME GOLDSTEIN, HARRIET
STREET ADDRESS 336 PENNINGTON COURT
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MD Delete
NAME BELL, BETTY
STREET ADDRESS 467 CAPISTRANO DR.
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP Delete
NAME HAGENBUCH, JENNIFER
STREET ADDRESS 450 S. AUSTRALIAN AVE.
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD Delete
NAME SPRINGER, JAMES
STREET ADDRESS 1555 PALM BEACH LAKES BLVD
CITY-ST-ZIP WEST PALM BEACH, FL 33409

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD Delete
NAME FLEMING, SANDRA
STREET ADDRESS 2000 PGA BLVD., SUITE # 4400
CITY-ST-ZIP N. PALM BEACH, FL 33408

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MD Delete
NAME EILEEN, MINNICK
STREET ADDRESS 255 SOUTH COUNTY ROAD
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Julie Swindler Date: 1/15/08 Daytime Phone #: 561-881-5572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR