


05-06-2003 90049 013 \*\*\*\*61.25

**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

|   |  |  |   |
|---|--|--|---|
| <b>DOCUMENT # N34749</b>  |  |                             |   |
| 1. Entity Name<br><b>CHILDREN'S CASE MANAGEMENT ORGANIZATION, INC.</b>  |  |  |   |
| Principal Place of Business<br>1720 E TIFFANY DR<br>STE 101<br>WEST PALM BEACH, FL 33407 US   |  | Mailing Address<br>1720 E TIFFANY DR<br>STE 101<br>WEST PALM BEACH, FL 33407 US                              |   |
| 2. Principal Place of Business  |  | 3. Mailing Address   |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |   |
| City & State  |  | City & State   |   |
| Zip   | Country  | Zip  | Country   |
| 4. FEI Number<br><b>65-0166352</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | \$8.75 Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent   |  | 7. Name and Address of New Registered Agent  |   |
| SPRINKLE, PHILIP M., II, ESQ.<br>600 MEADOWS ROAD<br>BOCA RATON, FL 33486   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code                     |   |
| 1720 E. TIFFANY DR STE 101<br>WEST PALM BEACH FL 33407  |  |  |   |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent's signature required when substituting)</small>  |  |  |   |
| <b>FILE NOW - FEES \$61.25</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |   |
| <b>Make Check Payable to Florida Department of State</b>  |  |  |   |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>DONTH, BERNARD J<br>2560 RCA BEND STE 108<br>PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>STEVENS KARLENE<br>1666 P.B. LAKES BLVD ST 1012<br>WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPDD<br>STEVENS, KARLENE S<br>1666 PALM BEACH LAKES BLVD STE 1012<br>WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPDD<br>BELL, BETTY<br>2422 24TH LANE<br>PALM BEACH GARDENS, FL 33418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>WARDEN, MICHELLE<br>1396 NW 17TH AVENUE STE 114<br>DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MD<br>DONTH, BERNARD<br>2560 RCA BEND, STE 108<br>PALM BEACH GARDENS FL 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>NAVARRE, DANIEL<br>2225 S OCEAN BLVD. # 11<br>DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>PALMER EZEKIEL<br>5702 WHEATLY CT.<br>BOYNTON BEACH FL 33436 <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MD<br>MALONE, JUANITA<br>2524 STONEGATE DRIVE<br>WELLINGTON, FL 33414 <input type="checkbox"/> Delete                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>SULLIVAN, RITA<br>100 ISLAND DRIVE SOUTH<br>OCEAN RIDGE, FL 33435 <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MD<br>BELL, BETTY<br>2422 24TH LANE<br>PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 12. 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 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: <i>Julie Sewinolly</i>   |  | Date: 5-1-03   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  | Daytime Phone #: 881-561-5572  |   |