NONPROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA Department of State
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34749 (4)

1. Corporation Name

CHILDREN'S CASE MANAGEMENT ORGANIZATION, INC.

FILED
95 JUL -7 AM 8:1
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% PHILIP M. SPRINKLE II, ESQ. 777 S FLAGLER DR. STE 900 WEST PALM BEACH FL 33401 US	% PHILIP M. SPRINKLE II, ESQ. 777 S FLAGER DR. STE 900 WEST PALM BEACH FL 33401 US

3. Date Incorporated or Qualified: 10/17/1989
3a. Date of Last Report: 03/07/1994
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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SPRINKLE, PHILIP M., II, ESQ.
777 SOUTH FLAGLER DRIVE
SUITE 809, EAST TOWER
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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	1.1 TITLE	☐ Change ☐ Addition
NAME	BESHARA, RONALD	1.2 NAME	
STREET ADDRESS	901 45TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	WOLF, BRIAN	2.2 NAME	
STREET ADDRESS	4200 SPRUCE ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	DONTH, BERNARD	3.2 NAME	
STREET ADDRESS	8895 N MILITARY TR, BDG. E, ST 201	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GDNS FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ALOIA, CHERYL	4.2 NAME	
STREET ADDRESS	5068 BRIAN BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MCWHORTER, LISA	5.2 NAME	
STREET ADDRESS	2115 DOCK ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MORTIMER, ROBERT	6.2 NAME	
STREET ADDRESS	1755 E TIFFANY DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	MANGONIA PK FL	6.4 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Julie Mallbarder 6/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000648