

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34749

Entity Name: CHILDREN'S CASE MANAGEMENT ORGANIZATION, INC.**Current Principal Place of Business:**3333 FOREST HILL BLVD
2ND FLOOR
WEST PALM BEACH, FL 33406**Current Mailing Address:**3333 FOREST HILL BLVD
2ND FLOOR
WEST PALM BEACH, FL 33406 US**FEI Number:** 65-0166352**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SWINDLER, JULIE
3333 FOREST HILL BLVD
2ND FLOOR
WEST PALM BEACH, FL 33406 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	MAPLES, JONATHAN
Address	3300 PGA BLVD. SUITE 400
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	PAST PRESIDENT
Name	UTSET, OFELIA DR.
Address	8711 SE SOMERSET ISLAND WAY
City-State-Zip:	JUPITER FL 33458

Title	FIRST, VP
Name	MERCADER, RAUL
Address	2056 VISTA PARKWAY 350
City-State-Zip:	WEST PALM BEACH FL 33411

Title	SECRETARY
Name	MCQUINN, BARBARA
Address	3300 FOREST HILL BLVD. C-316
City-State-Zip:	WEST PALM BEACH FL 33406

Title	CEO
Name	SWINDLER, JULIE
Address	3333 FOREST HILL BLVD
City-State-Zip:	WEST PALM BEACH FL 33406

Title	TREASURER
Name	SPRINGER, JAMES
Address	4605 BONTIA DRIVE
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	SECOND, VP
Name	FOMAN, DENA SISK ESQ.
Address	525 OKEECHOBEE BLVD. 1700
City-State-Zip:	WEST PALM BEACH FL 33401

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JULIE SWINDLER

CEO

02/04/2019

Electronic Signature of Signing Officer/Director Detail_____
Date