

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000010504

**FILED**  
**Jan 25, 2011**  
**Secretary of State**

**Entity Name:** CASE MANAGEMENT SOCIETY OF AMERICA CENTRAL FLORIDA CHAPTER, INC.

**Current Principal Place of Business:**

207 SAVANNAH PARK LOOP  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. 948539  
MAITLAND, FL 32794

**New Mailing Address:**

**FEI Number:** 65-0649944

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LYNNE, BERGEY  
207 SAVANNAH PARK LOOP  
CASSELBERRY, FL 32707 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ARMSTRONG, DARLENE  
Address: 2 PINE MEADOW COURT  
City-St-Zip: DEBARY, FL 32713 US

Title: PP  
Name: BASSETT, MARTY  
Address: 14734 CABLESHIRE WAY  
City-St-Zip: ORLANDO, FL 32824 US

Title: VP  
Name: PATRICIA, DORRELL  
Address: 868 CAREW AVE  
City-St-Zip: ORLANDO, FL 32804 US

Title: SEC  
Name: STEIN, MARSHA  
Address: 646 PARK FOREST COURT  
City-St-Zip: APOPKA, FL 32703 US

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: LYNNE BERGEY

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01/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date