## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N09000010504

FILED Feb 28, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

207 SAVANNAH PARK LOOP 505 KINGFISHER DR CASSELBERRY, FL 32707 KISSIMMEE, FL 34759

Current Mailing Address: New Mailing Address:

P.O. 948539 505 KINGFISHER DR MAITLAND, FL 32794 KISSIMMEE, FL 34759

FEI Number: 65-0649944 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

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

RUTH, WEST
505 KINGFISHER DR
KISSIMMEE, FL 34759 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: RUTH WEST

RUTH WEST 02/28/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: F

 Name:
 DORRELL, PATRICA

 Address:
 868 CAREW AVE

 City-St-Zip:
 ORLANDO, FL 32804 US

Title: PP

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

Title: VP

Name: STEIN, MARSHA

Address: 646 PARK FOREST COURT City-St-Zip: APOPKA, FL 32703 US

Title: SEC

Name: NAGATA, CANDACE

Address: 601 ROLLINS ST MAILBOX 127

City-St-Zip: OLANDO, FL 32803 US

Title: TRE

Name: WEST, RUTH
Address: 505 KINGFISHER DR
City-St-Zip: KISSIMMEE, FL 34759

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: RUTH WEST TREA 02/28/2012