FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 26 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N19754** **(3)**

1. Corporation Name

CLINICAL SOCIAL WORK ASSOCIATION OF SOUTH FLORID A, INC.

Principal Place of Business	Mailing Address
C/O LINDA SMITH ESQ. 10250 COLLINS #207 BAL HARBOUR FL 33154 US	C/O LINDA SMITH ESQ. 10250 COLLINS #207 BAL HARBOUR FL 33154 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/19/1987
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2794479 ☐ Applied For ☐ Not Applicable

21 2. Principal Place of Business: c/o Linda M. Smith, Esq.	26 2a. Mailing Address: c/o Linda M. Smith, Esq.
22 Suite, Apt. #, etc.: 11900 Biscayne Blvd. #200	27 Suite, Apt. #, etc.: 11900 Biscayne Blvd. #200
23 City & State: North Miami, FL	28 City & State: North Miami FL
24 Zip: 33181 25 Country: USA	29 Zip: 33181 30 Country: USA

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 ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SEIGEL, LYNN LCSW
6601 S.W. 80 ST.
STE. #209
SOUTH MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name: Linda M. Smith, Esq.
82 Street Address (P.O. Box Number Is Not Acceptable): 11900 Biscayne Blvd.
83: Suite 200
84 City: North Miami FL 85 Zip Code: 33181

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Linda M Smith 4/6/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	11 TITLE	P/D	☒ Change ☐ Addition
NAME	~~HUDSON, DAVID~~	12 NAME	Manuel Gomez	
STREET ADDRESS	~~5900 S.W. 73RD ST., #207~~	13 STREET ADDRESS	7600 57 Ave. #121	
CITY-ST-ZIP	~~MIAMI FL~~	14 CITY-ST-ZIP	Miami, FL 33143	
TITLE	~~D~~	21 TITLE	VP/D	☒ Change ☐ Addition
NAME	~~SIEGEL, LYNN~~	22 NAME	Vivian Posada	
STREET ADDRESS	~~6601 S.W. 80TH ST., #209~~	23 STREET ADDRESS	8600 SW 92 St. #104	
CITY-ST-ZIP	~~S. MIAMI FL~~	24 CITY-ST-ZIP	Miami, FL 33156	
TITLE	~~SD~~	31 TITLE	S/D	☒ Change ☐ Addition
NAME	~~SCHWARTZ, DARLA~~	32 NAME	Diane Lindner	
STREET ADDRESS	~~5900 SW 73RD ST, 207~~	33 STREET ADDRESS	6601 SW 80 St. #202	
CITY-ST-ZIP	~~S MIAMI FL~~	34 CITY-ST-ZIP	Miami, FL 33143	
TITLE	ASD	41 TITLE		☒ Change ☐ Addition
NAME	FRIEDMAN, PENNY	42 NAME		
STREET ADDRESS	~~5075 SUNSET DR.~~	43 STREET ADDRESS	8220 SW 151 Street	
CITY-ST-ZIP	~~S. MIAMI FL~~	44 CITY-ST-ZIP	Miami, FL 33158	
TITLE	TD	51 TITLE		☒ Change ☐ Addition
NAME	ROCK, ELLEN	52 NAME		
STREET ADDRESS	~~9945 SUNSET AVE~~	53 STREET ADDRESS	8525 SW 92 Street #B8	
CITY-ST-ZIP	~~MIAMI FL~~	54 CITY-ST-ZIP	Miami, FL 33156	
TITLE	~~T~~	61 TITLE		☒ Change ☐ Addition
NAME	~~GOODMAN, KAREN~~	62 NAME		
STREET ADDRESS	~~9150 S.W. 87TH AVE., #211~~	63 STREET ADDRESS		
CITY-ST-ZIP	~~MIAMI FL 33176~~	64 CITY-ST-ZIP		

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)(i), 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: Ellen Rock Ellen Rock, Treasurer 4/19/95 (305) 598-0147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000323