

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N19754 (3)

1. Corporation Name

CLINICAL SOCIAL WORK ASSOCIATION OF SOUTH FLORIDA, INC.



Principal Place of Business

C/O LINDA M. SMITH, ESQ.
11900 BISCAYNE BLVD. #200
NORTH MIAMI F 33181
US

Mailing Address

C/O LINDA M. SMITH, ESQ.
11900 BISCAYNE BLVD. #200
NORTH MIAMI FL 33181
US

3. Date Incorporated or Qualified
03/19/1987

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2794479

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, LINDA M
11900 BISCAYNE BLVD
SUITE 200
NORTH MIAMI FL 33181

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

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
NAME GOMEZ, MANUEL
STREET ADDRESS 7600 57 AVE. #121
CITY-ST-ZIP MIAMI FL
☒ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD
NAME ROSADA, VIVIAN
STREET ADDRESS 8600 SW 92 ST. #104
CITY-ST-ZIP MIAMI FL
☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

P.D.

☒ Change ☐ Addition

TITLE SD
NAME LINDER, DIANE
STREET ADDRESS 6601 SW 80 ST. #202
CITY-ST-ZIP MIAMI FL
☒ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

S.D.
Muriel Friedman
8994 SW 68 Place
Miami, FLORIDA 33156

☐ Change ☒ Addition

TITLE ASD
NAME FRIEDMAN, PENNY
STREET ADDRESS 8220 SW 151 STREET
CITY-ST-ZIP MIAMI FL
☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME ROCK, ELLEN
STREET ADDRESS 8525 SW 92 STREET #B8
CITY-ST-ZIP MIAMI FL
☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

UPD
Roger Miller
9000 SW 87 Court, # 112
Miami, FLORIDA 33176

☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemption from the provisions of Section 617.0503(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:

Signature and typed or printed name of signing officer or director

Ellen ROCK, Treasurer 4-96 (305) 598-0447

CR2E037 (12/95)