


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # N19754 (3)**  
1. Corporation Name  
**CLINICAL SOCIAL WORK ASSOCIATION OF SOUTH FLORIDA, INC.**



Principal Place of Business <b>C/O LINDA M. SMITH, ESQ. 11900 BISCAYNE BLVD. #200 NORTH MIAMI F 33181 US</b>	Mailing Address <b>C/O LINDA M. SMITH, ESQ. 11900 BISCAYNE BLVD. #200 NORTH MIAMI FL 33181 US</b>
---	--

3. Date Incorporated or Qualified

**03/19/1987**

4. FEI Number

**59-2794479**

Applied For  
Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b>	2a. Mailing Address <b>25</b> Suite, Apt. #, etc. <b>26</b> City & State <b>27</b> Zip <b>28</b> Country <b>29</b>
--	---

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>MILLER, ROGER</b>
STREET ADDRESS	<b>9000 SW 87 COURT, #112</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>VPD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MILLER, JUDITH M</b>
STREET ADDRESS	<b>6801 SW 80TH STREET, #202</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>ROCK, ELLEN</b>
STREET ADDRESS	<b>8525 SW 92 STREET #B8</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<b>VP D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<b>S D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>PENNY FRIEDMAN</b>
4.3 STREET ADDRESS	<b>8220 SW 68 PL</b>
4.4 CITY - ST - ZIP	<b>Miami FL</b>
5.1 TITLE	<b>T D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>ADRIENNE RICH-HOCHMAN</b>
5.3 STREET ADDRESS	<b>1435A S. Miami Ave.</b>
5.4 CITY - ST - ZIP	<b>Miami FL 33130</b>
6.1 TITLE	<b>AS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>LINDA M. SMITH, ESQ.</b>
6.3 STREET ADDRESS	<b>11900 Biscayne Blvd. Suite 200</b>
6.4 CITY - ST - ZIP	<b>Miami FL 33181</b>

14. I hereby certify that the information supplied with this filing 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:

*Linda M. Smith*

Asst. Sect. 4/22/98 (305) 866-6434

CP2E037 (10/97)