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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19754

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



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

3. Date Incorporated or Qualified

03/19/1987

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 PD ☒ DELETE
NAME MILLER, ROGER
STREET ADDRESS 9000 SW 87 COURT, #112
CITY-ST-ZIP MIAMI FL

TITLE SD ☐ DELETE
NAME FRIEDMAN, PENNY
STREET ADDRESS 8220 SW 68TH PL
CITY-ST-ZIP MIAMI FL

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

TITLE TD ☐ DELETE
NAME RICH-HOCHMAN, ADRIENNE
STREET ADDRESS 1435-A S MIAMI AVE
CITY-ST-ZIP MIAMI FL 33130

TITLE AS ☐ DELETE
NAME SMITH, LINDA M
STREET ADDRESS 11900 BISCAYNE BLVD, SUITE 200
CITY-ST-ZIP MIAMI FL 33181

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-141/981

0035118