

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19754

FILED
Apr 08, 2004
Secretary of State

Entity Name: CLINICAL SOCIAL WORK ASSOCIATION OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

C/O LINDA M. SMITH, ESQ.
11900 BISCAYNE BLVD. 503
NORTH MIAMI, F 33181 US

New Principal Place of Business:

Current Mailing Address:

C/O LINDA M. SMITH, ESQ.
11900 BISCAYNE BLVD. 503
NORTH MIAMI, F 33181 US

New Mailing Address:

FEI Number: 59-2794479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, LINDA M ESQ.
11900 BISCAYNE BLVD
SUITE 503
NORTH MIAMI, FL 33181 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CASAS-JUSTICE, LIBIA
Address: 9715 SOUTH DIXIE HIGHWAY
City-St-Zip: PINECREST, FL 33156

Title: SD () Delete
Name: ROCK, ELLEN
Address: 8525 SW 92 STREET #B8
City-St-Zip: MIAMI, FL 33156

Title: TD () Delete
Name: SELIGMAN, SHIRLEY
Address: 4505 SW 89 AVENUE
City-St-Zip: MIAMI, FL 33165

Title: AS () Delete
Name: SMITH, LINDA M
Address: 11900 BISCAYNE BLVD. SUITE 503
City-St-Zip: MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FORBES, LAURIE
Address: 555 NE 34 STREET #1609
City-St-Zip: MIAMI, FL 33137

Title: SD (X) Change () Addition
Name: ROCK, ELLEN
Address: 8585 SUNSET DRIVE #60
City-St-Zip: MIAMI, FL 33143

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LAURIE FORBES

PD

04/08/2004

Electronic Signature of Signing Officer or Director

_____ Date