

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19754

FILED
Sep 03, 2008
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. SUITE 503
NORTH MIAMI, FL 33181 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2794479 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SMITH, LINDA M ESQ.
1509 NE 105 STREET
MIAMI SHORES, FL 33138 US

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: BROWN, GAIL
Address: 2016 BAY DRIVE #807
City-St-Zip: MIAMI BEACH, FL 33141

Title: STD () Delete
Name: ROCK, ELLEN
Address: 1450 MADRUGA AVENUE
City-St-Zip: CORAL GABLES, FL 33146

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

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 exemption stated in Chapter 119, 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: LINDA M SMITH

AS

09/03/2008

Electronic Signature of Signing Officer or Director

Date