

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19754

FILED
Apr 30, 2012
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 ()

Name and Address of Current Registered Agent:

SMITH, LINDA M ESQ.
1509 NE 105 STREET
MIAMI SHORES, FL 33138 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
Name: ELIAS, RONNIE
Address: 20281 E COUNTRY CLUB DRIVE #1906
City-St-Zip: AVENTURA, FL 33180

Title: TD
Name: ROCK, ELLEN
Address: 6030 SW 93 AVE
City-St-Zip: MIAMI, FL 33173

Title: S
Name: HARRIS, GAIL
Address: 5725 N BAY RD
City-St-Zip: MIAMI BEACH, FL 33139

I hereby 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 all other like empowered.

SIGNATURE: ELLEN ROCK

TD

04/30/2012

Electronic Signature of Signing Officer or Director

Date