2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2008
Secretary of State

DOCUMENT# N22856

Entity Name: FLORIDA SOCIETY OF ONCOLOGY SOCIAL WORKERS, INC.

Current Principal Place of Business:

1405 HEARTHSTONE LANE
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 522314
LONGWOOD, FL 327522314 US

New Mailing Address:

FEI Number: 59-2834503 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MICELI, CHARLES J
1405 HEARTHSTONE LANE
LONGWOOD, FL 32750 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:	D	( ) Delete
Name:	SULLIVAN, R I LCSW	
Address:	4306 ALTON RD.	
City-St-Zip:	MIAMI BEACH, FL 33140 US	
Title:	D	( ) Delete
Name:	FRANCONI, MICHELE D LCSW	
Address:	1414 KUHL AVE.	
City-St-Zip:	ORLANDO, FL 32806 US	
Title:	TD	( ) Delete
Name:	MICELI, CHARLES J LCSW	
Address:	1405 HEARTHSTONE LANE	
City-St-Zip:	LONGWOOD, FL 32750 US	
Title:	P/D	( ) Delete
Name:	TURNEY, LCSW, MARY E	
Address:	12902 MAGNOLIA DR	
City-St-Zip:	TAMPA, FL 33612 US	
Title:	S	( ) Delete
Name:	DEMARCO, ROSEMARY	
Address:	12902 MAGNOLIA DR.	
City-St-Zip:	TAMPA, FL 33612 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	DELAFRANCONI, MICHELE D LCSW	
Address:	1400 S. ORANGE AVE., M.P. 770	
City-St-Zip:	ORLANDO, FL 32806 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	TURNEY, LCSW, MARY E	
Address:	12902 MAGNOLIA DR	
City-St-Zip:	TAMPA, FL 33612 US	
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: CHARLES J. MICELI T 04/06/2008

Electronic Signature of Signing Officer or Director — Date