

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N30172** (3)

1. Corporation Name

**THE FLORIDA CHAPTER OF THE SOCIETY FOR SOCIAL WORK ADMINISTRATORS IN HEALTH CARE, INC.**

Principal Place of Business

Mailing Address

**12902 MAGNOLIA DR  
TAMPA FL 33612  
US**

**12902 MAGNOLIA DR  
TAMPA FL 33612  
US**

3. Date Incorporated or Qualified

**01/12/1989**

4. FEI Number

**59-2908776**

Applied For

Not Applicable

2. Principal Place of Business  
**21 11511 SW 10th St**

2a. Mailing Address  
**26 11511 SW 10th St**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

23. City & State  
**Pembroke Pines, FL**

28. City & State  
**Pembroke Pines, FL**

24. Zip **33025** Country **USA**

29. Zip **33025** Country **USA**

9. Name and Address of Current Registered Agent

**TURNER, MARY  
C/O MAGGILL  
12902 MAGNOLIA DRIVE  
TAMPA FL 33612**

10. Name and Address of New Registered Agent

81 Name **ROBERT J. Pompeo**

82 Street Address (P.O. Box Number is Not Acceptable)

**11511 SW 10th St**

83

84 City **Pembroke Pines** FL 85 Zip Code **33025**

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 **Robert J. Pompeo**

**ROBERT J. Pompeo - Treasurer**

**4/20/98**

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	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ZACHARY, JAMIE</b>	
STREET ADDRESS	<b>1800 BARRS ST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>POMPEO, ROBERT</b>	
STREET ADDRESS	<b>8616 GRIFFIN RD</b>	
CITY-ST-ZIP	<b>COOPER CITY FL</b>	

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>TURNER, MARY M</b>	
STREET ADDRESS	<b>H. LEE MOFFITT CANCER CT. 12902 MAGNOLIA D</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MAULDIN, DIANE</b>	
STREET ADDRESS	<b>BOX 100308</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>HOSMAN, CATHY</b>	
STREET ADDRESS	<b>7727 LAKE UNDERHILL DR</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MCKEON, WILLIAM JR</b>	
STREET ADDRESS	<b>1611 NW 12TH AVE RM C102</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Teresa Butts</b>	
1.3 STREET ADDRESS	<b>1800 BARRS St.</b>	
1.4 CITY-ST-ZIP	<b>Jacksonville, FL</b>	

2.1 TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Robert Pompeo</b>	
2.3 STREET ADDRESS	<b>11511 SW 10th Street</b>	
2.4 CITY-ST-ZIP	<b>Pembroke Pines, FL. 33025</b>	

3.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Mary m. Turner</b>	
3.3 STREET ADDRESS	<b>12902 Magnolia Dr.</b>	
3.4 CITY-ST-ZIP	<b>TAMPA, FL</b>	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Cathy Hosman</b>	
5.3 STREET ADDRESS	<b>7727 Lake Underhill Dr</b>	
5.4 CITY-ST-ZIP	<b>Orlando, FL</b>	

6.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>William McKeon Jr.</b>	
6.3 STREET ADDRESS	<b>1611 NW 12th Ave Rm C102</b>	
6.4 CITY-ST-ZIP	<b>MIAMI FL</b>	

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.

SIGNATURE: **Robert J. Pompeo**

**4/20/98 (954) 981-5511**

CR2E037 (10/97)