

FILE NOW: FILING FEE IS \$61.25

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90085 040 ****61.25

0024260

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30172

1. Corporation Name

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

Principal Place of Business

1151 SW 10TH STREET
PEMBROKE PINES FL 33025
US

Mailing Address

1151 SW 10TH STREET
PEMBROKE PINES FL 33025
US

467627-90085-40



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/12/1989

4. FEI Number

59-2908776

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

POMPEO, ROBERT J.
11511 SW 10TH STREET
PEMBROKE PINES FL 33025

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

4/26/99

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 ☐ DELETE
NAME **D BUTTS, TERESA**
STREET ADDRESS **1800 BARRS ST**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME **TD POMPEO, ROBERT**
STREET ADDRESS **11511 SW 10TH STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE ☒ DELETE
NAME **D TURNEY, MARY M**
STREET ADDRESS **12902 MAGNOLIA DRIVE**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE ☒ DELETE
NAME **D MAULDIN, DIANE**
STREET ADDRESS **BOX 100306**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☒ DELETE
NAME **D HOSMAN, CATHY**
STREET ADDRESS **7727 LAKE UNDERHILL DR**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME **PD MCKEON, WILLIAM JR**
STREET ADDRESS **1611 NW 12TH AVE RM C102**
CITY-ST-ZIP **MIAMI FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **32204**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **SD** ☐ Change ☒ Addition
3.2 NAME **MARY MORRIS**
3.3 STREET ADDRESS **1414 Kuhl Avenue**
3.4 CITY-ST-ZIP **Orlando, FL 32812**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **COOK, Cathy**
4.3 STREET ADDRESS **Box 100306**
4.4 CITY-ST-ZIP **GAINESVILLE, FL 32610**

5.1 TITLE **VPD** ☐ Change ☒ Addition
5.2 NAME **Cynthia Prewitt**
5.3 STREET ADDRESS **P.O. Box 6000**
5.4 CITY-ST-ZIP **OCALA, FL 32671**

6.1 TITLE **D** ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP **33136**

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, with all other like empowered.

SIGNATURE: *Robert J. Pompeo* **ROBERT J. POMPEO** - Treasurer 4/26/99 981-5511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)