



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90201 018 ****61.25

DOCUMENT # N30172 1. Entity Name THE FLORIDA CHAPTER OF THE SOCIETY FOR SOCIAL WORK ADMINISTRATORS IN HEALTH CARE, INC.					
Principal Place of Business 19195 MYSTIC POINTE DRIVE SUITE 602 AVENTURA, FL 33180 US			Mailing Address C/O MRS JUDITH S KESSLER TREAS 19195 MYSTIC POINT DR #602 AVENTURA, FL 33180		
2. Principal Place of Business Suite, Apt. #, etc. 710 Seneca Meadows Road City & State Winter Springs, FL Zip 32708 Country USA		3. Mailing Address c/o Audrey Hauser, Treasurer Suite, Apt. #, etc. 710 Seneca Meadows Road City & State Winter Springs, FL Zip 32708 Country USA			
4. FEI Number 59-2908776		Applied For <input type="checkbox"/> Not Applicable		04162004 Chg-NP CR2E037 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KESSLER, JUDITH S 19195 MYSTIC POINTE DRIVE SUITE 602 AVENTURA, FL 33180			7. Name and Address of New Registered Agent Name Audrey Hauser Street Address (P.O. Box Number is Not Acceptable) 710 Seneca Meadows Road City Winter Springs FL Zip Code 32708		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Audrey H. Hauser, Treasurer DATE April 20, 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	
	PP	COOK, CATHY	P.O. BOX 100306	GAINESVILLE, FL 32610	<input checked="" type="checkbox"/>
	TD	KESSLER, JUDITH S	19195 MYSTIC POINTE DRIVE -SUITE 602	AVENTURA, FL 33180	<input type="checkbox"/>
	PD	HANKITA, SUSAN	14120 SW 78TH AVE	MIAMI, FL 33158	<input type="checkbox"/>
	PED	HURWITZ, DEBORAH	11720 SW 97TH CT	MIAMI, FL 33176	<input type="checkbox"/>
	S	GINGELL, MADOYN	338 PRATHER DR	FORT MYERS, FL 33919	<input type="checkbox"/>
					<input type="checkbox"/>
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change Addition	
	Treasurer (T)	Audrey H. Hauser	710 Seneca Meadows Road	Winter Springs, FL 32708	<input checked="" type="checkbox"/>
	President Elect				<input checked="" type="checkbox"/>
	Past President	Susan Mankita	14120 SW 78th Ave	MIAMI, FL 33158	<input checked="" type="checkbox"/>
	President (P)				<input checked="" type="checkbox"/>
					<input type="checkbox"/>
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Audrey H. Hauser DATE: April 20, 2004 DAYTIME PHONE #: 321841-1205 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					