

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30172

FILED
Sep 01, 2008
Secretary of State

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

Current Principal Place of Business:

BOX 100306
GAINESVILLE, FL 326100306 US

New Principal Place of Business:

Current Mailing Address:

BOX 100306
SUITE 602
GAINESVILLE, FL 326100306 US

New Mailing Address:

3132 NW 57TH TERRACE
GAINESVILLE, FL 32606 US

FEI Number: 59-2908776 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CONNER, SHERYL
1600 SW ARCHER RD
GAINESVILLE, FL 32610 US

Name and Address of New Registered Agent:

DRAFFIN-INGRAM, NANCY
3132 NW 57TH TERRACE
GAINESVILLE, FL 32606 US

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: NANCY DRAFFIN-INGRAM

09/01/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROTH, CAROL A
Address: POB 845
City-St-Zip: SAN ANTONIO, FL 33576

Title: PP () Delete
Name: GOODMAN, ROBERT
Address: 4000 N HILLS DR STE 6
City-St-Zip: HOLLYWOOD, FL 33021

Title: S () Delete
Name: HURWITZ, DEBORAH A
Address: 4200 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137

Title: T (X) Delete
Name: CONNER, SHERYL
Address: BOX 100306
City-St-Zip: GAINESVILLE, FL 32610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GOODMAN, ROBERT
Address: 1012 YARMOUTH A
City-St-Zip: BOCA RATON, FL 33434

Title: T (X) Change () Addition
Name: DRAFFIN-INGRAM, NANCY
Address: 3132 NW 57TH TERRACE
City-St-Zip: GAINESVILLE, FL 32606

Title: S (X) Change () Addition
Name: NORRIS, MARY
Address: 92 W MILLER ST MP 357
City-St-Zip: ORLANDO, FL 32806

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: NANCY DRAFFIN-INGRAM

T

09/01/2008

Electronic Signature of Signing Officer or Director

Date