

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30172

FILED  
Apr 28, 2009  
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:**

3132 NW 57TH TERRACE  
GAINESVILLE, FL 32606 US

**Current Mailing Address:**

3132 NW 57TH TERRACE  
GAINESVILLE, FL 32606 US

**New Mailing Address:**

**FEI Number:** 59-2908776      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DRAFFIN-INGRAM, NANCY  
3132 NW 57TH TERRACE  
GAINESVILLE, FL 32606 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: P ( ) Delete  
Name: GOODMAN, ROBERT  
Address: 1012 YARMOUTH A  
City-St-Zip: BOCA RATON, FL 33434

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date