

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90195 001 ****61.25

DOCUMENT # **N41574**

1. Corporation Name

CASE MANAGEMENT SOCIETY OF FLORIDA, INC.

Principal Place of Business

8362 PINES BLVD #184
PEMBROKE PINES FL 33024
US

Mailing Address

8362 PINES BLVD #184
PEMBROKE PINES FL 33024
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/09/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3024529

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOGAN, RICKI S
8362 PINES BLVD
184
PEMBROKE PINES FL 3324

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

Ricki S. Logan *Ricki S. Logan, Executive Dir* *2/15/99*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	LOPEZ, JILL	900 BOWLINE DR	VERO BCH FL 32963	<input type="checkbox"/>
DPE	MILLER, DIANNE	10062 HUNTINGTRON FOREST BLVD	JAX FL 32257	<input type="checkbox"/>
DS	SOLOMON, VIKI	5722 S FLAMINGO RD, STE 132	FT LAUD. FL 3333	<input type="checkbox"/>
DT	STOVER, BETTY	4000 N HILLS DR, 24	HLWD FL 33021	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

Treasurer
ANN LLEWELLYN
1876 N.W. 97th AVE
PLANTATION, FL 33322

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: *Ricki S. Logan* *RICKI S. LOGAN, EXEC. DIR* *2/15/99* *954-435-9669*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)