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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44913 (4)

1. Corporation Name

NATIONAL ASSOCIATION OF CASE MANAGEMENT, INC.



Principal Place of Business

Mailing Address

37 COCONUT LANE
OCEAN RIDGE FL 33435

37 COCONUT LANE
OCEAN RIDGE FL 33435

3. Date Incorporated or Qualified

08/29/1991

3a. Date of Last Report

07/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIESLER, LINDA
37 COCONUT LANE
OCEAN RIDGE FL 33435

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME KNISLEY, MARTY
STREET ADDRESS 4908 STONERIDGE DRIVE
CITY-ST-ZIP RALEIGH NC

☐ DELETE

TITLE VP/D
NAME RAPP, CHARLES
STREET ADDRESS UC SCHOOL TWENTE HALL
CITY-ST-ZIP LAWRENCE KS

☐ DELETE

TITLE S
NAME HODGE, MARTHA
STREET ADDRESS POST OFFICE BOX 39
CITY-ST-ZIP ST. GEORGE ISLAND FL

☐ DELETE

TITLE D
NAME CAMPBELL, MARY
STREET ADDRESS 2601 MELROSE AVE.
CITY-ST-ZIP CINCINNATI OH

☒ DELETE

TITLE D
NAME GECKLE, MARY
STREET ADDRESS 801 W. 5TH ST.
CITY-ST-ZIP CINCINNATI OH

☒ DELETE

TITLE D
NAME SMITH, NEIL
STREET ADDRESS 801 W. 5TH ST.
CITY-ST-ZIP CINCINNATI OH

☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

President
Linda J Giesler
37 COCONUT LN
OCEAN Ridge, FL 33435

☐ Change ☒ Addition

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

VP
RAYMOND H. Giesler
37 COCONUT LANE
OCEAN Ridge, FL 33435

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/96

407-364-1349

CR2E037 (12/95)