

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 23 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 37 COCONUT LANE  
OCEAN RIDGE FL 33435 OCEAN RIDGE FL 33435

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		08/29/1991		03/19/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0286192		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		5.00 May Be Added to Fees	
Zip		Country		6. Election Campaign Financing		Trust Fund Contribution	
24		25		29		30	
25		29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Sec. D
NAME	KNISLEY, MARTY	1.2 NAME	MARY Campbell
STREET ADDRESS	4908 STONERIDGE DRIVE	1.3 STREET ADDRESS	2601 Helrose st
CITY-ST-ZIP	RALEIGH NC	1.4 CITY-ST-ZIP	CINCINNATI, OH 45206
TITLE	VPD	2.1 TITLE	
NAME	RAPP, CHARLES	2.2 NAME	
STREET ADDRESS	UC SCHOOL TWENTE HALL	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAWRENCE KS	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	HODGE, MARTHA	3.2 NAME	
STREET ADDRESS	POST OFFICE BOX 39	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. GEORGE ISLAND FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	
NAME	GIESLER, LINDA J	4.2 NAME	
STREET ADDRESS	37 COCONUT LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	
NAME	GIESLER, RAYMOND H	5.2 NAME	
STREET ADDRESS	37 COCONUT LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: \_\_\_\_\_  
9/17/97 5/13/14-12/14

CR2E037 (4/97)