

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
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DOCUMENT # N44913 (4)
 1. Corporation Name
NATIONAL ASSOCIATION OF CASE MANAGEMENT, INC.



Principal Place of Business 37 COCONUT LANE OCEAN RIDGE FL 33435	Mailing Address 37 COCONUT LANE OCEAN RIDGE FL 33435
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/29/1991		3a. Date of Last Report 03/19/1996	
4. FEI Number 65-0286192		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent GIESLER, LINDA 37 COCONUT LANE OCEAN RIDGE FL 33435		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Sec. D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KNISLEY, MARTY		1.2 NAME MARY Campbell	
STREET ADDRESS 4908 STONERIDGE DRIVE		1.3 STREET ADDRESS 2601 Melrose st	
CITY-ST-ZIP RALEIGH NC		1.4 CITY-ST-ZIP CINCINNATI, OH 45206	
TITLE VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____

CR2E037 (4/97)