## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N50744

(4)

FLORIDA SOCIETY FOR CLINICAL SOCIAL WORK, INC.

FEORIDA GOOLETT TON OLINIOAL GOOLAL WORK, INC.											
Principal Place of Business			Mailing Address					-			
3647 WOODHILL DRIVE BRANDON FL 33511 US				3647 WOODHILL DRIVE BRANDON FL 33511-7815 US				Date Incorporated or Qualified	3a. Date of La	st Report	
								09/08/1992	12/31/		
2. Principal Place of Business				2a. Mailing Address				4. FEI Number		Applied For	
21 Sulta Apt # ala				Suite, Apt. #, etc.				65-0357470		Not Applicable	
Sulte, Apt. #, etc.				27				5. Certificate of Status Desired		5 Additional Required	
City & State				City & State				6. Election Campaign Financing		00 May Be	
23			28				Trust Fund Contribution		led to Fees		
Zip	Country			Zip Country				8. This corporation has liability for intangible √x under s. 199.032, Florida Statutes			
24	25 9. Name and Address of Current			stered Agent	30 30 Pred Agent			Florida Statutes			
81 Name											
WELCH, SUSAN S.							Street Addres	dress (P.O. Box Number is Not Acceptable)			
1605 MAIN ST., STE 400							0.00.7100.00	The contract of the contract of			
SARASOTA FL 34230											
							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 epipicable. (NOT): Registered Agent signature required when reinstaling)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/									DATE DERS AND DIREC	TORS IN 12	
TITLE	D			DELETE 1.11					☐ Char		
NAME	• • • • • • • • • • • • • • • • • • • •			12 N		ME					
STREET ADDRESS				1.3 S?			ADDRESS				
CITY-ST-ZIP	BRADENTON FL						T-ZIP		——————————————————————————————————————		
TITLE	D HAMMOND, MARGARET			DELETE 2.1 To					☐ Char	ige L Addition	
NAME STREET ADDRESS	JEAN ANIMEDY ALTE AT			22 N			ADDRESS				
CITY-ST-ZIP	BRINDON EL MAZIA						ST-ZIP				
TITLE	DP DP			DELETE 3.1 TI			71 - 211	``.	☐ Char	nge Addition	
NAME	DERITA, MARTIN			3.2 NA							
STREET ADDRESS				3.3 STR			ADDRESS				
CITY-ST-ZIP	WINTER PARK FL			· · · · · · · · · · · · · · · · · · ·			ST- 71P			- Natasa	
TITLE	D COLLINS, CHRISTINE B.			☐ DELETE 4.					☐ Char	nge 🔲 Addition	
NAME Street address	3920 BEE RI				4. 2 N		ADDRESS				
CITY-ST-ZIP	SARASOTA I				4.4 Ci						
TITLE	DS			☐ DELETE 5					☐ Char	nge 🔲 Addition	
NAME	MCGRATH, LINDA			5.		2 NAME					
STREET ADDRESS				5.			ADDRESS				
CITY-ST-ZIP	BRADENTON	l FL		T serve	5,4 CI		1 - <b>Z</b> IP		···		
TITLE	OT LAND MADY	DIME		DELETE	61 TII				∐ Char	nge 🔲 Addition	
NAME CYDCCT ADDDECC	LAMB, MARY 3647 WOOD				6,2 NA		ADDRESS				
STREET ADDRESS	BRANDON F				6.3 SI 6.4 CI		ADDRESS				
CITY-ST-ZIP 14. I do herei	by certify that the i	nformation supplied	with t	this filing does not qual	ify for the	exe	mplion stated i	n Section 119.07(3)(i), Florida Statute	s. 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.											