

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 09, 1999 8:00am  
Secretary of State

02-09-1999 90025 037 \*\*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N50744

1. Corporation Name

FLORIDA SOCIETY FOR CLINICAL SOCIAL WORK, INC.

Principal Place of Business

3647 WOODHILL DRIVE  
BRANDON FL 33511  
US

Mailing Address

3647 WOODHILL DRIVE  
BRANDON FL 33511  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

09/08/1992

4. FEI Number

65-0357470

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

WELCH, SUSAN S.  
1605 MAIN ST., STE 400  
SARASOTA FL 34230

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

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

TITLE D ☐ DELETE

NAME MCGRATH, STEPHEN J.  
STREET ADDRESS 3501 45TH ST. WEST  
CITY-ST-ZIP BRADENTON FL

TITLE D ☐ DELETE

NAME HAMMOND, MARGARET  
STREET ADDRESS 4503 COUNTRY GATE CT  
CITY-ST-ZIP BRANDON FL 33510

TITLE DP ☐ DELETE

NAME DERITA, MARIN  
STREET ADDRESS 2011 HOWARD DR.  
CITY-ST-ZIP WINTER PARK FL

TITLE D ☐ DELETE

NAME COLLINS, CHRISTINE B.  
STREET ADDRESS 3920 BEE RIDGE RD.  
CITY-ST-ZIP SARASOTA FL

TITLE DS ☐ DELETE

NAME MCGRATH, LINDA  
STREET ADDRESS 3501 - 45TH ST., W.  
CITY-ST-ZIP BRADENTON FL

TITLE DT ☐ DELETE

NAME LAMB, MARY DINE  
STREET ADDRESS 3647 WOODHILL DR  
CITY-ST-ZIP BRANDON FL 33511

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARYDINE LAMB LCSW 1/15/99 813 6548916

CR2E037 (11/98)