

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000004623 (3)

1. Corporation Name

CHRISTIAN ASSOCIATION OF MONITORED ENTERPRISES R
EFERRAL AGENCY, INC.



Principal Place of Business

Mailing Address

6860 GULFPORT BLVD. SO., SUITE 800
SOUTH PASADENA FL 33707

6860 GULFPORT BLVD. SO., SUITE 800
SOUTH PASADENA FL 33707

3. Date Incorporated or Qualified
09/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 6860 GULFPORT BLVD SO.

26 6860 GULFPORT BLVD SO.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 550

27 SUITE 550

City & State

City & State

23 SO. PASADENA, FL.

28 SO. PASADENA, FL.

Zip

Country

Zip

Country

24 33707

25 U.S.A.

29 33707

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMILEY, W. MCKINLEY JR.
4905 34TH STREET SOUTH, SUITE 333
ST. PETERSBURG FL 33711

81 Name SMILEY, W. MCKINLEY JR.
82 Street Address (P.O. Box Number is Not Acceptable)
4905 34TH STREET SOUTH
83 SUITE 5900
84 City ST. PETERSBURG FL 85 Zip Code 33711

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 SMILEY, W. MCKINLEY JR.
STREET ADDRESS 4905 34TH STREET SOUTH, SUITE 333
CITY - ST - ZIP SARASOTA FL 33711

TITLE D ☐ DELETE

NAME NAMACK, WILLIAM A III
STREET ADDRESS 1800 2ND STREET, SUITE 777
CITY - ST - ZIP SARASOTA FL 34236

TITLE D ☐ DELETE

NAME ADAMS, SUSAN K
STREET ADDRESS 2775 KIPPS COLONY DRIVE SOUTH, #103
CITY - ST - ZIP GULFPORT FL 33707

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME SMILEY, W. MCKINLEY JR.
1.3 STREET ADDRESS 4905 34TH STREET SOUTH SUITE 5900
1.4 CITY - ST - ZIP ST. PETERSBURG, FL 33711

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME NAMACK, WILLIAM H. III
2.3 STREET ADDRESS 1800 2ND STREET SUITE 855
2.4 CITY - ST - ZIP SARASOTA, FL 34236

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 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

4/30/96

Date

813-448618

Daytime Phone #

CR2E037 (12/95)