


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90180 047 \*\*\*\*61.25

|  |  |   |
|--|--|---|
| <b>DOCUMENT # N96000000847</b>   |  |  |
| 1. Entity Name<br><b>CASE MANAGEMENT SOCIETY OF FLORIDA<br/>NORTHEAST FLORIDA CHAPTER, INC.</b><br><i>Northeast Florida Chapter of CMSA, Inc</i> |  |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>4901 RICHARD ST<br/>JACKSONVILLE, FL 32207</b> | Mailing Address<br><b>PO BOX 10906<br/>JACKSONVILLE, FL 32247-0906</b> |
|--|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|   |  |                                       |  |
|---|--|---------------------------------------|--|
| 02102005 Chg-NP   |  | CR2E037 (10/03)                       |  |
| 4. FEI Number<br><b>65-0544190</b>                        |  | Applied For<br>Not Applicable         |  |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required |  |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent                     |  |
| <b>LEEDS, GINGER<br/>4901 RICHARD ST<br/>JACKSONVILLE, FL 32207</b> |  |

|  |             |
|--|-------------|
| 7. Name and Address of New Registered Agent        |             |
| Name   |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| City   | FL Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

|           |   |  |      |
|-----------|---|--|------|
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|---|--|------|

|   |   |                                    |  |
|---|---|------------------------------------|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make check payable to<br/>Florida Department of State</b> |
|---|---|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MILLER, DIANNE<br>10062 HUNTINGTON FOREST<br>JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>ABIS, PAM<br>4055 OLD MILL COVE TRAIL<br>JACKSONVILLE, FL 32277 <input type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>LEEDS, GINGER<br>4901 RICHARD ST<br>JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

|  |                                    |           |                 |              |
|--|------------------------------------|-----------|-----------------|--------------|
| SIGNATURE:   | <i>Ginger Leeds / Ginger Leeds</i> | Treasurer | 2/11/05         | 904 130-5748 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR |                                    | Date      | Daytime Phone # |              |

# ATTACHMENT

#N9600000847

Case Management Society of Florida, Northeast Florida Chapter, Inc.  
P.O. Box 10906  
Jacksonville, Florida 32247-0906

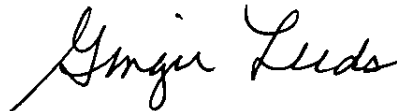
February 28, 2005

To whom it may concern,

The board members of the Case Management Society of Florida, Northeast Florida Chapter, Inc have elected to change the name of the chapter to "Northeast Florida Chapter of Case Management Society Association (CMSA), Inc. The National CMSA is in agreement with this name change.

Please reflect the name change on the Not-For-Profit Corporation Annual Report. Thank you.

Sincerely,



Ginger Leeds  
Treasurer

05/02/05  
05/02/05  
05/02/05