

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006 8:00 am
Secretary of State

07-13-2006 90023 046 ****61.25

DOCUMENT # N96000000847					
1. Entity Name CASE MANAGEMENT SOCIETY OF FLORIDA NORTHEAST FLORIDA CHAPTER, INC.					
Principal Place of Business 4901 RICHARD ST JACKSONVILLE, FL 32207			Mailing Address PO BOX 10906 JACKSONVILLE, FL 32247-0906		
2. Principal Place of Business 5011 Gate Parkway Suite, Apt. #, etc. Bldg 100, Suite 400 City & State Jacksonville, FL. Zip 32256 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		50022505 	
4. FEI Number 65-0544190				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEEDS, GINGER 4901 RICHARD ST JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent Name: Dianne Miller Street Address (P.O. Box Number is Not Acceptable) 7574 Scarlet Ibis Lane City: Jacksonville FL Zip Code: 32256		
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: <u>Dianne Miller</u> DATE: <u>7/10/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, DIANNE		NAME	President	
STREET ADDRESS	10062 HUNTINGTON FOREST		STREET ADDRESS	L. Sue Booth	
CITY-ST-ZIP	JACKSONVILLE, FL 32257		CITY-ST-ZIP	5321 RESSIE DR Jacksonville FL 32218	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Sec. Deborah Day	
NAME	ABIS, PAM		NAME	8579 Sturbridge Cr. E. Jacksonville, FL 32224	
STREET ADDRESS	4055 OLD MILL COVE TRAIL		STREET ADDRESS	Treasurer Nancy Bray	
CITY-ST-ZIP	JACKSONVILLE, FL 32277		CITY-ST-ZIP	7925 Los Rios Ct. Jacksonville, FL 32256	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		
NAME	LEEDS, GINGER		NAME		
STREET ADDRESS	4901 RICHARD ST		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
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TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Nancy Bray RSCM</u>			Date: <u>7-10-06</u> Daytime Phone #: <u>9045255555</u>		