2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N96000000847

Entity Name: CASE MANAGEMENT SOCIETY OF FLORIDA NORTHEAST FLORIDA CHAPTER, INC.

Current Principal Place of Business:

5011 GATE PKWY
BLDG 100 SUITE 400
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

PO BOX 10906
JACKSONVILLE, FL 322470906

New Mailing Address:

FEI Number: 65-0544190 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, DIANNE
7574 SCARLET IBIS LN
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BOOTH, SUE L
Address: 5321 RESSIE DR
City-St-Zip: JACKSONVILLE, FL 32218

Title: S ( ) Delete
Name: DAY, DEBORAH
Address: 8579 STURBRIDGE CR EAST
City-St-Zip: JACKSONVILLE, FL 32224

Title: T ( ) Delete
Name: BRAY, NANCY
Address: 7925 LOS ROBLES CT
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: MROZ, KATHY
Address: 2525 BEAUTY BERRY CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32246

Title: T (X) Change ( ) Addition
Name: MILLER, DIANNE
Address: 4296 EDGEWATER CROSSING DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANNE MILLER T 04/30/2007

Electronic Signature of Signing Officer or Director — Date