

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000847

FILED  
Mar 04, 2009  
Secretary of State

**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:**

4800 DEERWOOD CAMPUS PARKWAY  
BLDG 900, 5TH FLOOR  
JACKSONVILLE, FL 32246

**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  
4296 EDGEWATER CROSSING DR.  
JACKSONVILLE, FL 32257 US

**Name and Address of New Registered Agent:**

MILLER, DIANNE MRS.  
4296 EDGEWATER CROSSING DR.  
JACKSONVILLE, FL 32257 US

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: DIANNE J. MILLER

03/04/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MILLER, DIANNE J  
Address: 4296 EDGEWATER CROSSING DR.  
City-St-Zip: JACKSONVILLE, FL 32257

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

Title: T ( ) Delete  
Name: CANADAY, JANET  
Address: 2099 WINTERBOURNE E. #306  
City-St-Zip: ORANGE PARK, FL 32073

Title: VP (X) Delete  
Name: HARE, HEIDI  
Address: 117 SOLANSO CAY CIRCLE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HARE, HEIDI MS.  
Address: 117 SOLANO CAY CR  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: S (X) Change ( ) Addition  
Name: STORER, LINDA MS.  
Address: 237 CRANE'S LAKE DR.  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: T (X) Change ( ) Addition  
Name: DOTSON, SHERRY MRS.  
Address: 8663 SANCHEZ RD.  
City-St-Zip: JACKSONVILLE, FL 32217

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

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 J. MILLER

PP

03/04/2009

Electronic Signature of Signing Officer or Director

Date