

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000001363 (8)

1. Corporation Name

CENTRAL FLORIDA CASE MANAGEMENT, INC.



Principal Place of Business

Mailing Address

1824 SW 100TH AVE
MIRAMAR FL 33025

1824 SW 100TH AVE
MIRAMAR FL 33025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/08/1996

3a. Date of Last Report
2/14/96

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
65-0649944

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOREO, KATHLEEN
1820 SW 100TH AVE
MIRAMAR FL 33025

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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

Cheryl L. Cooper

(NOTE: Registered Agent signature required when reinstating)

DATE

8/26/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME DAVIS, LAURIE
STREET ADDRESS 702 ST DUNSTAN WAY
CITY-ST-ZIP WINTER PARK FL 32792

1.1 TITLE President elect (D) ☐ Change ☒ Addition
1.2 NAME Sherry Jones
1.3 STREET ADDRESS 20551 Ipsden Dr
1.4 CITY-ST-ZIP Orlando, FL 32837

TITLE D ☐ DELETE
NAME SWENDERMAN, DONNA
STREET ADDRESS 1006 HOBEAM ST
CITY-ST-ZIP OVIEDO FL 32765

2.1 TITLE Lisa Bloder Secretary (D) ☐ Change ☒ Addition
2.2 NAME 16012 Four Lakes Lane
2.3 STREET ADDRESS Montverde, FL 34756-3017
2.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME BUMGARNER, PATRICIA
STREET ADDRESS 8808 CARACAS AVE
CITY-ST-ZIP ORLANDO FL 32825

3.1 TITLE Treasurer (D) ☐ Change ☒ Addition
3.2 NAME Cheryl L. Cooper
3.3 STREET ADDRESS 817 Hastings Dr
3.4 CITY-ST-ZIP Kissimmee, FL 34744

TITLE D ☒ DELETE
NAME BONAPARTE, BARBARA
STREET ADDRESS 306 COBLE DR
CITY-ST-ZIP LONGWOOD FL 32779

4.1 TITLE President (D) ☒ Change ☐ Addition
4.2 NAME Donna Swenderman
4.3 STREET ADDRESS 1006 Hornbeam St
4.4 CITY-ST-ZIP Oviedo, FL 32765

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 *Cheryl L. Cooper* SIGNATURE REQUIRED

8/26/97

CP2E037 (4/97)