


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N96000004609 (1)**
1. Corporation Name

CASE MANAGEMENT SOCIETY OF TAMPA BAY, INC.



| | |
|---|---|
| Principal Place of Business 1824 SW 100 AVE. MIRAMAR FL 33025 | Mailing Address 1824 SW 100 AVE. MIRAMAR FL 33025 |
|---|---|

3. Date Incorporated or Qualified

09/03/1996

4. FEI Number

65-0631221

Applied For

Not Applicable

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

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

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

**MORERO, KATHLEEN
RPM, INC.
1820 SW 100 AVE.
MIRAMAR FL 33025**

81 Name **RICKI S. LOGAN**
82 **CMSF**
83 **8362 Pines Boulevard**
84 **#184**
Pembroke Pines, FL 33024

85 Zip Code
of changing its registered
appointment as registered

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above
office or registered agent, or both, in the State of Florida. Such change was authorized by
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Ricki S. Logan**

RICKI S. LOGAN

4/19/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|-------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | LITZENBERGER, PINA | |
| STREET ADDRESS | 11401 9TH ST. N. #1201 | |
| CITY-ST-ZIP | ST. PETERSBURG FL | |

| | | |
|----------------|-----------------------------|--|
| TITLE | VPD | <input checked="" type="checkbox"/> DELETE |
| NAME | SAFRANEK, JOYCE | |
| STREET ADDRESS | 974 TRADEWINDS TRAIL | |
| CITY-ST-ZIP | PALM HARBOR FL | |

| | | |
|----------------|------------------------|--|
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | BUNDROCK, GENE | |
| STREET ADDRESS | 12312 92ND ST N | |
| CITY-ST-ZIP | LARGO FL | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|---------------------------------|--|
| 1.1 TITLE | PRESIDENT-ELECT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | ARTHUR SHUMATE | |
| 1.3 STREET ADDRESS | 3030-64TH S. | |
| 1.4 CITY-ST-ZIP | ST. PETERSBURG, FL 33705 | |

| | | |
|--------------------|---------------------------------|--|
| 2.1 TITLE | PRESIDENT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | PINA LITZENBERGER | |
| 2.3 STREET ADDRESS | 11401 9TH ST. N. | |
| 2.4 CITY-ST-ZIP | ST. PETERSBURG, FL 33705 | |

| | | |
|--------------------|-----------------------------|--|
| 3.1 TITLE | REC'D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | DIANE SARGENT | |
| 3.3 STREET ADDRESS | 14331-60th ST. N | |
| 3.4 CITY-ST-ZIP | CLEARWATER, FL 34620 | |

| | | |
|--------------------|--|---|
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |

| | | |
|--------------------|--|---|
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |

| | | |
|--------------------|--|---|
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. 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 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: **Ricki S. Logan**

3/20/98 954-435-9669

CR2E037 (1097)