

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 711281 (6)
1. Corporation Name
DRUG ABUSE TREATMENT ASSOCIATION, INC.



Principal Place of Business: 1720 E. TIFFANY DRIVE. E. SUITE 102 WEST PALM BEACH FL 33407-3235
Mailing Address: 1016 N. CLEMONS STREET SUITE 406 JUPITER FL 33477

3. Date Incorporated or Qualified: 08/01/1966
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-1363887
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**MIDDLETON, PAM
1016 N. CLEMONS STREET
SUITE 406
JUPITER FL 33477**

10. Name and Address of New Registered Agent
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 617.1508, 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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	KELLY, WALTER D.
STREET ADDRESS	1036 US HWY 1
CITY-ST-ZIP	N PALM BCH FL
TITLE	DP <input type="checkbox"/> DELETE
NAME	WILLIAMS, JAY
STREET ADDRESS	1016 N CLEMONS ST S406
CITY-ST-ZIP	JUPITER FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ROGERS, ERSKINE C
STREET ADDRESS	1803 AUSTRALIAN AVE S #G
CITY-ST-ZIP	W PALM BCH FL
TITLE	DT <input type="checkbox"/> DELETE
NAME	HALE, JUANITA M
STREET ADDRESS	429 SILVER BEACH ROAD
CITY-ST-ZIP	LAKE PARK FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MIDDLETON, PAM
STREET ADDRESS	1909 MANSAIL CIRCLE
CITY-ST-ZIP	JUPITER FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SAYLER, NANCY H.
STREET ADDRESS	429 D CYPRESS DR
CITY-ST-ZIP	JUPITER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Walter D. Kelly
1.3 STREET ADDRESS	1036 US Highway 1
1.4 CITY-ST-ZIP	N. Palm Beach, FL
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jay Williams
2.3 STREET ADDRESS	1016 N. Clemons St., Suite 406
2.4 CITY-ST-ZIP	Jupiter, FL 33477
3.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gary J. Frechette
3.3 STREET ADDRESS	800 SE Monterey Road
3.4 CITY-ST-ZIP	Stuart, FL 34995-9020
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Juanita Hale
4.3 STREET ADDRESS	429 Silver Beach Road
4.4 CITY-ST-ZIP	Lake Park, FL
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Pam Middleton
5.3 STREET ADDRESS	820 Ocean Dunes Circle
5.4 CITY-ST-ZIP	Jupiter, FL 33477
6.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	John Adams
6.3 STREET ADDRESS	14225 US Highway 1
6.4 CITY-ST-ZIP	Juno Beach, FL 33408

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ DATE: _____ 407-743-1034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TIME PHONE #

CR2E037 (12/95)