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Mar 28 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 # 711281 (6)  
1. Corporation Name  
DRUG ABUSE TREATMENT ASSOCIATION, INC.



Principal Place of Business Mailing Address  
1720 E. TIFFANY DRIVE. E. SUITE 102 WEST PALM BEACH FL 33407-3235  
1016 N. CLEMONS STREET SUITE 406 JUPITER FL 33477-3303

3. Date Incorporated or Qualified 08/01/1966  
3a. Date of Last Report 04/08/1996

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  
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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT KELLY, WALTER D. 1036 US HWY 1 N PALM BCH FL	1.1 TITLE	DP John Adams 14285 US Highway 1 Juno Beach, FL 33408
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D WILLIAMS, JAY 1016 N CLEMONS ST S406 JUPITER FL	2.1 TITLE	DT Gary Frechette 3228 Gun Club Road West Palm Beach, FL 33406
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D ROGERS, ERSKINE C 1803 AUSTRALIAN AVE S #G W PALM BCH FL	3.1 TITLE	D Linda Preston 15738 70th Trail N. North Palm Beach, FL 33418
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D HALE, JUANITA M 429 SILVER BEACH ROAD LAKE PARK FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D MIDDLETON, PAM 820 OCEAN DUNES CIRCLE JUPITER FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D SAYLER, NANCY H. 429 D CYPRESS DR JUPITER FL	6.1 TITLE	D Deborah Praeg 15700 70th Trail N. North Palm Beach FL 33418
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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, changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 3/24/97 DAYTIME PHONE: 561-743-1034

CR2E037 (9/96)