

FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1363887	
21		26		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country			
24		25			
29		30			

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	D Adams, John <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, JOHN	1.2 NAME	142255 US Highway 1
STREET ADDRESS	142255 US HIGHWAY 1	1.3 STREET ADDRESS	Juno Beach, FL
CITY-ST-ZIP	JUNO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	FRECHETTE, GARY	2.2 NAME	
STREET ADDRESS	3228 GUN CLUB RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESTON, LINDA	3.2 NAME	Charlie Wharton
STREET ADDRESS	15738 70TH TRAIL N	3.3 STREET ADDRESS	P.O. Box 1149 920 S. U.S. 1
CITY-ST-ZIP	N PALM BEACH FL	3.4 CITY-ST-ZIP	Ft. Pierce, FL 34950
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	HALE, JUANITA M	4.2 NAME	
STREET ADDRESS	429 SILVER BEACH ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PARK FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	MIDDLETON, PAM	5.2 NAME	
STREET ADDRESS	820 OCEAN DUNES CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	PRAEG, DEBORAH	6.2 NAME	
STREET ADDRESS	15700 70TH TRAIL N.	6.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BEACH FL	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; that 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:

*Pam Middleton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/98

Date

3761 743-1034

Daytime Phone: 0045350

CR2E037 (10/97)