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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 711281

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 408
JUPITER FL 33477



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

24 25 29 30

3. Date Incorporated or Qualified

08/01/1966

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIDDLETON, PAM
1016 N. CLEMONS STREET
SUITE 408
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

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 D ☐ DELETE
NAME ADAMS, JOHN
STREET ADDRESS 142255 US HIGHWAY 1
CITY-ST-ZIP JUNO BEACH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DT ☐ DELETE
NAME FRECHETTE, GARY
STREET ADDRESS 3228 GUN CLUB RD
CITY-ST-ZIP W PALM BEACH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE DP ☐ DELETE
NAME CHARLIE WHARTON
STREET ADDRESS 920 S US 1
CITY-ST-ZIP FT PIERCE FL 34950

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D ☐ DELETE
NAME HALE, JUANITA M
STREET ADDRESS 429 SILVER BEACH ROAD
CITY-ST-ZIP LAKE PARK FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D ☐ DELETE
NAME MIDDLETON, PAM
STREET ADDRESS 820 OCEAN DUNES CIRCLE
CITY-ST-ZIP JUPITER FL

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

☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME PRAEG, DEBORAH
STREET ADDRESS 15700 70TH TRAIL N.
CITY-ST-ZIP N PALM BEACH FL

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

☒ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/16/99

301/743-1034

CR2E037 (11/98)