

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718900

FILED
Jan 03, 2011
Secretary of State

Entity Name: DRUG ABUSE FOUNDATION OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

400 SOUTH SWINTON AVE
DELRAY BEACH, FL 33444 US

New Principal Place of Business:

Current Mailing Address:

400 SOUTH SWINTON AVE
DELRAY BEACH, FL 33444 US

New Mailing Address:

FEI Number: 23-7074625 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALTON TAYLOR
400 SOUTH SWINTON AVE
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP
Name: GEWARTOWSKI, DANIEL DDS
Address: 2600 N MILITARY TRL STE 348
City-St-Zip: BOCA RATON, FL 33431

Title: DV
Name: DEICHERT, JUNE
Address: 1358 NW 4TH COURT
City-St-Zip: BOCA RATON, FL 33432

Title: ST
Name: ALLERTON, GEORGE
Address: 102 NW 12TH STREET
City-St-Zip: DELRAY BEACH, FL 33444

Title: D
Name: WOOD, WILLIAM J
Address: 3777 NW 8TH STREET
City-St-Zip: DELRAY BEACH, FL 33445

Title: D
Name: MOORE, JOSEPH P
Address: 101 SE 6TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33483

Title: D
Name: SIEMENS, RICHARD
Address: 5801 N CONGRESS AVENUE
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL GEWARTOWSKI, D.D.S.

DP

01/03/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date