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Mar 17 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 # N96000006019 (1)  
1. Corporation Name  
CENTER FOR RECOVERY FOR SUBSTANCE ABUSE, INC.



Principal Place of Business: 1025 ORANGE AVENUE FORT PIERCE FL 34950  
Mailing Address: P.O. BOX 2256 FORT PIERCE FL 34954-2256

3. Date Incorporated or Qualified: 11/25/1996  
3a. Date of Last Report

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

4. FEI Number	Applied For
59-2470954	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				10. Name and Address of New Registered Agent			
TEEL, EMORY C III 805 VIRGINIA AVENUE #21 FORT PIERCE FL 34982				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	COB	1.1 TITLE	
NAME	FRANK HARBER	1.2 NAME	
STREET ADDRESS	3240 HATCHER ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE, FL 34981	1.4 CITY-ST-ZIP	
TITLE	DIRECTOR	2.1 TITLE	
NAME	MARTY WHITE	2.2 NAME	
STREET ADDRESS	2182 S.E. BERSELI RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	2.4 CITY-ST-ZIP	
TITLE	DIRECTOR	3.1 TITLE	
NAME	PAM HERMAN	3.2 NAME	
STREET ADDRESS	15112 SW TRAIL CRT	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANTOWN, FL 34956	3.4 CITY-ST-ZIP	
TITLE	DIRECTOR	4.1 TITLE	
NAME	SANDRA KNIGHT	4.2 NAME	
STREET ADDRESS	6546 4TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 32968	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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)(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 unchanged, or on an attachment with an address.

CR2E037 (9/96)

2/6/102