

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 25 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 # 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
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3. Date Incorporated or Qualified 11/25/1996	
4. FEI Number 59-2470954	Applied For <input type="checkbox"/> Not Applicable

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

6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
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

9. Name and Address of Current Registered Agent

**TEEL, EMORY C III
805 VIRGINIA AVENUE #21
FORT PIERCE FL 34982**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

TITLE	COB	<input type="checkbox"/> DELETE
NAME	HARBER, FRANK	
STREET ADDRESS	3240 HATCHER ST	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITE, MARY	
STREET ADDRESS	2182 SE BERSELI RD	
CITY-ST-ZIP	PT ST. LUCIE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HERMAN, PAM	
STREET ADDRESS	15112 SW TRAIL CRT	
CITY-ST-ZIP	INDIANTOWN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KNIGHT, SANDRA	
STREET ADDRESS	8548 4TH ST.	
CITY-ST-ZIP	VERO BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D
1.3 STREET ADDRESS	SIMMONS, SARA
1.4 CITY-ST-ZIP	145 NW CENTRAL PARK PLAZA PORT ST. LUCIE, FL 34986
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	LaPENTER, TOM
2.4 CITY-ST-ZIP	6105 BAMBOO DRIVE FORT PIERCE, FL 34982
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	GANT, PEGGY
3.4 CITY-ST-ZIP	800 SE MONTEREY RD. STUART, FL 34884
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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.

SIGNATURE:  WAYNE SKINNER 4120 108 (504) 485 1080

CR2E037 (10/97)