

FILE NOW: FILING FEE IS \$61.25

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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		3. Date Incorporated or Qualified 11/25/1996	
				4. FEI Number 59-2470954	Applied For Not Applicable
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
22	City & State	27	City & State	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
23	Zip	28	Zip	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	
24	Country	29	Country		
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
				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	COB	1.1 TITLE	D
NAME	HARBER, FRANK	1.2 NAME	SIMMONS, SARA
STREET ADDRESS	3240 HATCHER ST	1.3 STREET ADDRESS	145 NW CENTRAL PARK PLAZA
CITY-ST-ZIP	FT PIERCE FL	1.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34986
TITLE	D	2.1 TITLE	D
NAME	WHITE, MARY	2.2 NAME	LaPENTER, TOM
STREET ADDRESS	2182 SE BERSELI RD	2.3 STREET ADDRESS	6105 BAMBOO DRIVE
CITY-ST-ZIP	PT ST. LUCIE FL	2.4 CITY-ST-ZIP	FORT PIERCE, FL 34982
TITLE	D	3.1 TITLE	D
NAME	HERMAN, PAM	3.2 NAME	GANT, PEGGY
STREET ADDRESS	15112 SW TRAIL CRT	3.3 STREET ADDRESS	800 SE MONTEREY RD.
CITY-ST-ZIP	INDIANTOWN FL	3.4 CITY-ST-ZIP	STUART, FL 34884
TITLE	D	4.1 TITLE	
NAME	KNIGHT, SANDRA	4.2 NAME	
STREET ADDRESS	6546 4TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL	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 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

4/20/98 (504) 485-1050

CR2E037 (1097)