

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90156 020 ****70.00

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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



2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/25/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2470954	
25 Country		29 Country		30	
5. Certificate of Status Desired				Applied For	
☒				☐	
				\$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

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	LOVE, DONALD
STREET ADDRESS	3240 HATCHER ST	1.3 STREET ADDRESS	108 N. 40TH ST.
CITY-ST-ZIP	FT PIERCE FL	1.4 CITY-ST-ZIP	FT. PIERCE, FL 34987
TITLE	D	2.1 TITLE	D
NAME	WHITE, MARY	2.2 NAME	ELLIOTT, CARL
STREET ADDRESS	2182 SE BERSELI RD	2.3 STREET ADDRESS	2050 SAN JUAN AVE.
CITY-ST-ZIP	PT ST. LUCIE FL	2.4 CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	D	3.1 TITLE	D
NAME	GANT, PEGGY	3.2 NAME	DAVIS, LEE
STREET ADDRESS	800 SE MONTEREY RD	3.3 STREET ADDRESS	2591 ROCK SPRINGS DR.
CITY-ST-ZIP	STUART FL 34884	3.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952
TITLE	D	4.1 TITLE	D
NAME	KNIGHT, SANDRA	4.2 NAME	WHITE, MARTY
STREET ADDRESS	6546 4TH ST.	4.3 STREET ADDRESS	2182 S. E. BERSELI ROAD
CITY-ST-ZIP	VERO BCH FL	4.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952
TITLE	D	5.1 TITLE	D
NAME	SIMMONS, SARA	5.2 NAME	HARBER, FRANK
STREET ADDRESS	145 NW CENTRAL PARK PLAZA	5.3 STREET ADDRESS	3240 HATCHER STREET
CITY-ST-ZIP	PORT ST LUCIE FL 34986	5.4 CITY-ST-ZIP	FT. PIERCE, FL 34981
TITLE	D	6.1 TITLE	C
NAME	LAPENTER, TOM	6.2 NAME	KNIGHT, SANDRA
STREET ADDRESS	6105 BAMBOO DRIVE	6.3 STREET ADDRESS	6546 4TH STREET
CITY-ST-ZIP	FORT PIERCE FL 34982	6.4 CITY-ST-ZIP	VERO BEACH, FL 32968

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

561-46574050

CR2E037 (1/98)

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