

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000328

FILED  
Jan 21, 2009  
Secretary of State

**Entity Name:** FLORIDA ASSOCIATION FOR THE TREATMENT OF SEXUAL ABUSERS, INC.

**Current Principal Place of Business:**

3221 NE 39TH AVENUE  
GAINESVILLE, FL 32609 US

**New Principal Place of Business:**

**Current Mailing Address:**

3221 NE 39TH AVENUE  
GAINESVILLE, FL 32609 US

**New Mailing Address:**

**FEI Number:** 59-3380952

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPEARS, HARRY F ED.S.  
225 SW 7TH TERRACE  
GAINESVILLE, FL 32601 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: PD ( ) Delete  
Name: IMHOF, ERIC  
Address: 3221 NE 39TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32609 US

Title: D ( ) Delete  
Name: SPEARS, HARRY F  
Address: 225 SW 7TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32601 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HARRY F SPEARS

D

01/21/2009

Electronic Signature of Signing Officer or Director

Date