

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 711281

**Entity Name:** DRUG ABUSE TREATMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

1016 CLEMONS ST. SUITE 300  
JUPITER, FL 33477

**Current Mailing Address:**

1016 CLEMONS ST. SUITE 300  
JUPITER, FL 33477

**FEI Number:** 59-1363887

**Certificate of Status Desired:** Yes

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

FOWLER, JOHN CEO  
1016 CLEMONS ST, ST300  
JUPITER, FL 33477 US

*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

**Officer/Director Detail :**

Title           DIRECTOR, TREASURER  
Name           ROGERS, ERSKINE  
Address        852 COUNTRY CLUB DRIVE  
City-State-Zip: NORTH PALM BEACH FL 33408

Title           DIRECTOR  
Name           MOHLER, SALLYANN  
Address        4410 ALTHEA WAY  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title           DIRECTOR, CHAIRMAN  
Name           TAPLETT, MARK  
Address        4410 ALTHEA WAY  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title           PRESIDENT  
Name           FOWLER, JOHN  
Address        16185 77TH TRAIL NORTH  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title           DIRECTOR  
Name           FRECHETTE, GARY  
Address        3101 PGA BLVD.  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title           DIRECTOR, VC  
Name           MCINNIS, JAMES  
Address        5800 MELALEUCA LANE  
City-State-Zip: GREEN ACRES FL 33463

Title           DIRECTOR, SECRETARY  
Name           PASCARELLA, MARYANN  
Address        1007 SEAWAY DRIVE  
City-State-Zip: FORT PIERCE FL 34949

Title           DIRECTOR  
Name           SEYMOUR, ERIC  
Address        4680 28TH COURT  
City-State-Zip: VERO BEACH FL 32967

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOHN FOWLER

**PRESIDENT & CEO**

**03/28/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            WHITE, JEFFREY  
Address        11301 US HIGHWAY ONE  
City-State-Zip: NORTH PALM BEACH FL 33410