

**2021 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:** No

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

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

**FILED**  
**Apr 21, 2021**  
**Secretary of State**  
**4882644526CC**

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

Title DIRECTOR, SECRETARY  
Name MOHLER, SALLYANN  
Address 601 LIGHTHOUSE DRIVE  
City-State-Zip: NORTH PALM BEACH FL 33408

Title DIRECTOR  
Name TAPLETT, MARK  
Address 15 HUNTLY DRIVE  
City-State-Zip: PALM BEACH GARDENS FL 33418

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

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

Title DIRECTOR, SECRETARY  
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**

**CEO**

**04/21/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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