2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711281

Entity Name: DRUG ABUSE TREATMENT ASSOCIATION, INC.

FILED Mar 02, 2016 **Secretary of State** CC1886139149

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, ST 300 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, SECRETARY Title DIRECTOR

ROGERS, ERSKINE Name Name MOHLER, SALLYANN 852 COUNTRY CLUB DRIVE 601 LIGHTHOUSE DRIVE Address Address

City-State-Zip: NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 City-State-Zip:

Title **PRESIDENT** Title DIRECTOR, CHAIRMAN Name FOWLER, JOHN Name TAPLETT, MARK

Address 16185 77TH TRAIL NORTH Address 15653 75TH AVENUE NORTH

PALM BEACH GARDENS FL 33418 City-State-Zip: City-State-Zip: PALM BEACH GARDENS FL 33418

Title DIRECTOR, VC Title DIRECTOR, TREASURER Name MCINNIS, JAMES FRECHETTE, GARY Name

Address 5800 MELALEUCA LANE Address 3101 PGA BLVD City-State-Zip: GREEN ACRES FL 33463 PALM BEACH GARDENS FL 33410

Title DIRECTOR

City-State-Zip:

City-State-Zip:

PASCARELLA, MARYANN Name 1007 SEAWAY DRIVE Address

FORT PIERCE FL 34949

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.

03/02/2016 SIGNATURE: JOHN FOWLER PRESIDENT AND CEO