

2013 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, 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	DP
Name	ROGERS, ERSKINE
Address	852 COUNTRY CLUB DRIVE
City-State-Zip:	NORTH PALM BEACH FL 33408

Title	DIRECTOR
Name	PRAEG, DEBORAH
Address	15700 70TH TRAIL NORTH
City-State-Zip:	NORTH PALM BEACH FL 33418

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

Title	DVP
Name	TAPLETT, MARK
Address	15653 75TH AVENUE NORTH
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	DT
Name	FRECHETTE, GARY
Address	3101 PGA BLVD
City-State-Zip:	PALM BEACH GARDENS FL 33410

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****01/23/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date