

2024 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, 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
Name ROGERS, ERSKINE
Address 852 COUNTRY CLUB DRIVE
City-State-Zip: NORTH PALM BEACH FL 33408

Title DIRECTOR, TREASURER
Name TAPLETT, MARK
Address 15 HUNTLY DRIVE
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
Name PASCARELLA, MARYANN
Address 1007 SEAWAY DRIVE
City-State-Zip: FORT PIERCE FL 34949

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

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

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

Title DIRECTOR, VC
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****04/25/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name COMBS, ANDREW
Address 4433 SE HEARTWOOD TRAIL
City-State-Zip: STUART FL 34997