

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718900

Entity Name: DRUG ABUSE FOUNDATION OF PALM BEACH COUNTY, INC.**Current Principal Place of Business:**400 SOUTH SWINTON AVE
DELRAY BEACH, FL 33444**Current Mailing Address:**400 SOUTH SWINTON AVE
DELRAY BEACH, FL 33444 US**FEI Number:** 23-7074625**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ALTON TAYLOR
400 SOUTH SWINTON AVE
DELRAY BEACH, FL 33444 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 PHILLIPS, LEO H.
Address 50 EAST ROAD
2A
City-State-Zip: DELRAY BEACH FL 33483

Title ST
Name ALLERTON, GEORGE
Address 102 NW 12TH STREET
City-State-Zip: DELRAY BEACH FL 33444

Title D
Name MOORE, JOSEPH P
Address 101 SE 6TH AVENUE
City-State-Zip: DELRAY BEACH FL 33483

Title DIRECTOR
Name GEWARTOWSKI, DANIEL E D.D.S.
Address 2600 N. MILITARY TRAIL
348
City-State-Zip: BOCA RATON FL 33431

Title DV
Name SIMON, ERNEST G ESQ.
Address 140 NE 4TH AVENUE
A
City-State-Zip: DELRAY BEACH FL 33483

Title D
Name WOOD, WILLIAM J
Address 6345 OVERLAND DR
City-State-Zip: DELRAY BEACH FL 33484

Title D
Name SIEMENS, RICHARD
Address 5801 N CONGRESS AVENUE
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR
Name BROOKS, LORENZO
Address 6304 INDIAN WELLS BLVD.
City-State-Zip: BOYNTON BEACH FL 33437

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: LEO PHILLIPS**DIRECTOR/PRESIDENT****01/04/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name EATON, LAWRENCE
Address 18 PAR CLUB CIRCLE
City-State-Zip: VILLAGE OF GOLF FL 33436

Title DIRECTOR
Name WEEKES, JOHN W
Address 595 S. FEDERAL HIGHWAY
 100
City-State-Zip: BOCA RATON FL 33432