2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2015
Secretary of State
CC2259703487

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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

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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 — 01/12/2015

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