

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 723887

**Entity Name:** COMPREHENSIVE ALCOHOLISM REHABILITATION  
PROGRAMS, INC

**Current Principal Place of Business:**

1715 TIFFANY DRIVE EAST  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

P.O. BOX 2507  
WEST PALM BEACH, FL 33402 US

**FEI Number: 59-1447364**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

KURTZ, JOHN D  
1280 N. CONGRESS AVE, SUITE 107  
WEST PALM BEACH, FL 33409 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 P  
Name LANDERS, V KELLY  
Address 315 26TH STREET  
City-State-Zip: WEST PALM BEACH FL 33407

Title SECRETARY  
Name NICOLA, CARL  
Address 3570 S. OCEAN BLVD.  
PH-614  
City-State-Zip: PALM BEACH FL 33480

Title VP  
Name RAY, HAROLD CALVIN  
Address 4431 EMBARCADERO DRIVE  
City-State-Zip: WEST PALM BEACH FL 33407

Title TREASURER  
Name FAGAN, MICHAEL R  
Address 442 RIVER EDGE ROAD  
City-State-Zip: JUPITER FL 33477

*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: KELLY V. LANDERS**

**PRESIDENT**

**01/21/2016**

Electronic Signature of Signing Officer/Director Detail

Date