

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000000328

**FILED**  
**Mar 24, 2015**  
**Secretary of State**  
**CC4650088030**

**Entity Name:** FLORIDA ASSOCIATION FOR THE TREATMENT OF SEXUAL ABUSERS, INC.

**Current Principal Place of Business:**

8800 49TH ST. N.  
SUITE 311  
PINELLAS PARK, FL 33782

**Current Mailing Address:**

8800 49TH ST. N.  
SUITE 311  
PINELLAS PARK, FL 33782 US

**FEI Number: 59-3380952**

**Certificate of Status Desired: No**

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

BRIMER, RICHARD A  
2601 WOODWIND HILLS LANE  
LAKELAND, FL 33812 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/D  
Name IMHOF, ERIC DR.  
Address 62 INDIAN TRACE #223  
City-State-Zip: WESTON FL 33326-4551

Title S/D  
Name PARHAM, ROBERT  
Address 8800 49TH ST. N. SUITE 311  
City-State-Zip: PINELLAS PARK FL 33782

Title T/D  
Name BRIMER, RICHARD A  
Address 2601 WOODWIND HILLS LANE  
City-State-Zip: LAKELAND FL 33812

Title D  
Name COTTER, LEO  
Address 8800 49TH ST. N. SUITE 311  
City-State-Zip: PINELLAS PARK FL 33782

Title D  
Name LEVENSON, JILL  
Address 8800 49TH ST. N. SUITE 311  
City-State-Zip: PINELLAS PARK FL 33782

Title D  
Name MOSS, WADE  
Address 8800 49TH ST. N. SUITE 311  
City-State-Zip: PINELLAS PARK FL 33782

Title D  
Name RAPA, SHEILA  
Address 8800 49TH ST. N. SUITE 311  
City-State-Zip: PINELLAS PARK FL 33782

Title D  
Name DEITCHMAN, GEORGE  
Address 8800 49TH ST. N. SUITE 311  
City-State-Zip: PINELLAS PARK FL 33782

**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: RICHARD BRIMER**

**TREASURER/DIRECTOR**

**03/24/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title	D
Name	PAKE, DONALD
Address	8800 49TH ST. N. SUITE 311
City-State-Zip:	PINELLAS PARK FL 33782