

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000000328

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

**FILED**  
**Apr 09, 2021**  
**Secretary of State**  
**8147708177CC**

**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:**

ROYALL, WILLIAM L  
8800 49TH ST. N.  
SUITE 311  
PINELLAS PARK, FL 33782 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:** WILLIAM L ROYALL, JR.

04/09/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name GERENA, JULIANA  
Address 8800 49TH STREET N.  
SUITE 311  
City-State-Zip: PINELLAS PARK FL 33782

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

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

Title TREASURER  
Name ROYALL, WILLIAM L  
Address 8800 49TH ST. N.  
SUITE 311  
City-State-Zip: PINELLAS PARK FL 33782

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

Title DIRECTOR  
Name GOMEZ, KATHERINE  
Address 8800 49TH ST. N.  
SUITE 311  
City-State-Zip: PINELLAS PARK FL 33782

Title DIRECTOR  
Name MILLER, PAM  
Address 8800 49TH ST. N.  
SUITE 311  
City-State-Zip: PINELLAS PARK FL 33782

Title PRESIDENT  
Name MORRIS, RICK  
Address 8800 49TH ST. N.  
SUITE 311  
City-State-Zip: PINELLAS PARK FL 33782

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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:** WILLIAM ROYALL

TREASURER

04/09/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           FORIS, BROOKE  
Address        8800 49TH ST. N.  
                  SUITE 311  
City-State-Zip: PINELLAS PARK FL 33782