

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000000328

**FILED  
Mar 08, 2018  
Secretary of State  
CC0277811012**

**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:**

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.

03/08/2018

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	D
Name	LEVENSON, JILL
Address	8800 49TH ST. N. SUITE 311
City-State-Zip:	PINELLAS PARK FL 33782
Title	T/D
Name	ROYALL, WILLIAM L
Address	8800 49TH ST. N. SUITE 311
City-State-Zip:	PINELLAS PARK FL 33782
Title	D
Name	HUGHES-CONLON, DENISE
Address	8800 49TH ST. N. SUITE 311
City-State-Zip:	PINELLAS PARK FL 33782

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

*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 L ROYALL

T/D

03/08/2018

Electronic Signature of Signing Officer/Director Detail

Date