

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000000328

**FILED**  
**Jan 26, 2017**  
**Secretary of State**  
**CC5853977594**

**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.

01/26/2017

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	ROYAL, WILLIAM L
Address	8800 49TH ST. N. SUITE 311
City-State-Zip:	PINELLAS PARK FL 33782
Title	DIRECTOR
Name	TAYLOR, SONYA
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	HUGHES-CONLON, DENISE
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:** WILLIAM L ROYALL

T/D

01/26/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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