

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