FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 711281 (6)

1. Corporation Name

DRUG ABUSE TREATMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1720 E. TIFFANY DRIVE. E. SUITE 102 WEST PALM BEACH FL 33407-3205	1016 N. CLEMONS STREET SUITE 406 JUPITER FL 33477

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1966
3a. Date of Last Report: 02/25/1994
4. FEI Number: 59-1363887 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

MIDDLETON, PAM
1016 N. CLEMONS STREET
SUITE 406
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ 4/19/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	KELLY, WALTER D.	1.2 NAME		
STREET ADDRESS	1036 US HWY 1	1.3 STREET ADDRESS		
CITY-ST-ZIP	N PALM BCH FL	1.4 CITY-ST-ZIP		
TITLE	DP	2.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, JAY	2.2 NAME		
STREET ADDRESS	1016 N CLEMONS ST S406	2.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	DV	☐ Change XX Addition
NAME	ROGERS, ERSKINE C	3.2 NAME	Frechette, Gary	
STREET ADDRESS	1803 AUSTRALIAN AVE S #G	3.3 STREET ADDRESS	104 B Half Moon Circle	
CITY-ST-ZIP	W PALM BCH FL	3.4 CITY-ST-ZIP	Jupiter, FL 33458	
TITLE	DT	4.1 TITLE		☐ Change ☐ Addition
NAME	HALE, JUANITA M	4.2 NAME		
STREET ADDRESS	429 SILVER BEACH ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PARK FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	MIDDLETON, PAM	5.2 NAME	Middleton, Pam	
STREET ADDRESS	514 FOURTH STREET	5.3 STREET ADDRESS	1909 Mainsail Circle	
CITY-ST-ZIP	LAKE PARK FL 33403	5.4 CITY-ST-ZIP	Jupiter, FL 33477	
TITLE	DV	6.1 TITLE	D	XX Change ☐ Addition
NAME	SAYLER, NANCY H.	6.2 NAME	Sayler, Nancy H.	
STREET ADDRESS	429 D CYPRESS DR	6.3 STREET ADDRESS	429 D Cypress Drive	
CITY-ST-ZIP	JUPITER FL	6.4 CITY-ST-ZIP	Tequesta, FL 33469	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/19/95 407-743-1034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Pam Middleton, Executive Director

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