

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90045 039 \*\*\*\*\*70.00

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<b>DOCUMENT # 711281</b> 1. Entity Name <b>DRUG ABUSE TREATMENT ASSOCIATION, INC.</b>			
Principal Place of Business <b>1720 E. TIFFANY DRIVE, E. SUITE 102 WEST PALM BEACH, FL 33407-3235</b>		Mailing Address <b>1016 N. CLEMONS STREET SUITE 300 JUPITER, FL 33477</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <i>1016 Clemmons Street</i> <i>Suite 200</i>	
City & State		City & State <i>Jupiter, FL</i>	
Zip	Country	Zip <i>33477</i>	Country <i>Palm Beach</i>
4. FEI Number <b>59-1363887</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MIDDLETON, PAM 4016 N. CLEMONS STREET SUITE 300 JUPITER, FL 33477</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MURRAY, BRENT C 135 LIGHTHOUSE DR. JUPITER, FL 33469	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRECHETTE, GARY 2601 VISION DRIVE PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRAEQ, DEBORAH 15700 70TH TRAIL NORTH N. PALM BEACH, FL 33418	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HALE, JUANITA M 429 SILVER BEACH ROAD LAKE PARK, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MIDDLETON, PAM 820 OCEAN DUNES CIRCLE JUPITER, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV FITZGERALD, ELAINE 417 HARBOUR RD NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b> <i>Pam Middleton</i> <i>1/24/05</i> <i>561-743-1034</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			