

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711281

FILED
Jan 27, 2012
Secretary of State

Entity Name: DRUG ABUSE TREATMENT ASSOCIATION, INC.

Current Principal Place of Business:

1016 CLEMONS ST. SUITE 300
JUPITER, FL 33477

New Principal Place of Business:

Current Mailing Address:

1016 CLEMONS ST. SUITE 300
JUPITER, FL 33477

New Mailing Address:

FEI Number: 59-1363887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FOWLER, JOHN CEO
1016 CLEMONS ST, ST 300
JUPITER, FL 33477 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP
Name: ROGERS, ERSKINE
Address: 3399 PGA BOULEVARD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DP
Name: PRAEG, DEBORAH
Address: 15700 70TH TRAIL NORTH
City-St-Zip: NORTH PALM BEACH, FL 33418

Title: DS
Name: MOHLER, SALLYANN
Address: 4910 PACIFICO
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D
Name: FITZGERALD, ELAINE
Address: 417 HARBOUR ROAD
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D
Name: STRYKER, PIETER
Address: 660 BEACHLAND BLVD., #101
City-St-Zip: VERO BEACH, FL 32963

Title: DT
Name: FRECHETTE, GARY
Address: 3101 PGA BLVD
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: JOHN FOWLER

CEO

01/27/2012

Electronic Signature of Signing Officer or Director

Date