

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90054 040 ****70.00

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01062005 Chg-NP CR2E037 (10/03)

DOCUMENT # 718900 1. Entity Name DRUG ABUSE FOUNDATION OF PALM BEACH COUNTY, INC.					
Principal Place of Business 400 SO SWINTON AVE DELRAY BEACH, FL 33444 US			Mailing Address 400 SO SWINTON AVE DELRAY BEACH, FL 33444 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7074625	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALTON TAYLOR 400 S. SWINTON AVE. DELRAY BCH, FL 33444			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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.</small>			DATE 1-25-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	Lorenzo Brooks	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOOD, WILLIAM J		NAME	6304 Indian Wells Blvd.	
STREET ADDRESS	64-A SE 5TH AVENUE		STREET ADDRESS	Boynton Beach, FL 33437	
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	D Gewartowski, Daniel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEWARTOWSKI, DANIEL		NAME	2600 N. Military Trail	
STREET ADDRESS	2600 N. MILITARY TRAIL		STREET ADDRESS	Boca Raton, FL 33431	
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> Delete	TITLE	D Siemens, Richard	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEREMETA, RICHARD		NAME	5801 N. Congress Avenue	
STREET ADDRESS	310 SE 1ST STREET		STREET ADDRESS	Boca Raton, FL 33487	
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D Weekes, Leon	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMON, ERNEST ESQ		NAME	777 E. Atlantic Avenue, #300	
STREET ADDRESS	P O BOX 2020		STREET ADDRESS	Delray Beach, FL 33483	
CITY-ST-ZIP	DELRAY BEACH, FL 33447		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	DVP Deichert, June	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLERTON, GEORGE		NAME	770 East Atlantic Avenue	
STREET ADDRESS	P O BOX 400		STREET ADDRESS	Delray Beach, FL 33483	
CITY-ST-ZIP	DELRAY BEACH, FL 33447		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D McMaster, Sue	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMASTER, SUE		NAME	920 NW 4th Avenue	
STREET ADDRESS	920 NW 4TH AVENUE		STREET ADDRESS	Boca Raton, FL 33432	
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP		
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 reports 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.					
SIGNATURE:			DATE 1-25-05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

ATTACHMENT

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Change <input checked="" type="checkbox"/> Addition Moore, Joseph 101 SE 6 th Avenue Delray Beach, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Change <input checked="" type="checkbox"/> Addition Wideman, Clayton 404 West Atlantic Avenue Delray Beach, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Change <input checked="" type="checkbox"/> Addition Cornett, Russell 16333 S. Military Trail Delray Beach, FL 33484