

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2008 8:00 am**  
**Secretary of State**

01-18-2008 90006 019 \*\*\*\*70.00

<b>DOCUMENT # 718900</b> 1. Entity Name <b>DRUG ABUSE FOUNDATION OF PALM BEACH COUNTY, INC.</b>					
Principal Place of Business <b>400 SO SWINTON AVE DELRAY BEACH, FL 33444 US</b>			Mailing Address <b>400 SO SWINTON AVE DELRAY BEACH, FL 33444 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>23-7074625</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>ALTON TAYLOR 400 S. SWINTON AVE. DELRAY BCH, FL 33444</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) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</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	D WOOD, WILLIAM J 64-A SE 5TH AVENUE DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gewartowski, Daniel D.D.S. 2600 N. Military Trail, Suite 348 Boca Raton, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GEWARTOWSKI, DANIEL 2600 N. MILITARY TRAIL BOCA RATON, FL 33431	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Simon, Ernest ESQ 140 NE 4th Avenue, Suite A Delray Beach, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SIMON, ERNEST ESQ P O BOX 2020 DELRAY BEACH, FL 33447	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Siemens, Richard 5801 N. Congress Avenue Boca Raton, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEMENS, RICHARD 5801 N CONGRESS AVE DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Moore, Jospeh P. 101 SE 6th Avenue Delray Beach, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEEKES, LEON D 777 E ATLANTIC AVE STE 300 DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Deichert, Jüne 1358 NW 4th Court Boca Raton, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Allerton, George M. 102 NW 12th Street Delray Beach, FL 33444-2915	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Allerton, George M. 102 NW 12th Street Delray Beach, FL 33444-2915
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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> <b>Joseph Moore</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				01/08/2008 561-278-3378 <small>Date Daytime Phone #</small>	

40005930



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**DRUG ABUSE FOUNDATION of Palm Beach County, Inc.**

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Listed below are the corrections and additions to the Officers and Directors for Sections 10 and 11 of the 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT for DOCUMENT # 718900 Entity: Drug Abuse Foundation of Palm Beach County, Inc.

ATTACHMENT

# 40005958  
718900

**Additions:**

Title: D

Name: Lorenzo Brooks

Address: 6304 Indian Wells Blvd.

City, State, Zip: Boynton Beach, FL 33437

Title: D

Name: Clayton Wideman

Address: 404 West Atlantic Avenue

City, State, Zip: Delray Beach, FL 33444

Title: D

Name: Leo H. Phillips

Address: 50 East Road, Apt. 2A

City, State, Zip: Delray Beach, FL 33483