

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 723887 (6)

1. Corporation Name

COMPREHENSIVE ALCOHOLISM REHABILITATION PROGRAMS
, INC

Principal Place of Business

5400 EAST AVE
W. PALM BEACH FL 33407
US

Mailing Address

P.O. BOX 2507
WEST PALM BEACH FL 33407
US



3. Date Incorporated or Qualified
07/17/1972

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-1447364

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUSI, SAMUEL E
1900 GLADES ROAD
STE 280
BOCA RATON FL 33431

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME CARPENTER, PEGGY
STREET ADDRESS 303 BANYAN BLVD
CITY-ST-ZIP WEST PALM BEACH FL

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME DAVIS, ZELL JR.
STREET ADDRESS 3001 LAKE DRIVE
CITY-ST-ZIP RIVIERA BEACH FL

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME ADKINS, WILLIAM R. MD
STREET ADDRESS 3702 BROADWAY
CITY-ST-ZIP WEST PALM BEACH FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME HAMILTON, HARRY
STREET ADDRESS 800 N FLAGLER DRIVE
CITY-ST-ZIP WEST PALM BEACH FL

41 TITLE ☐ Change ☐ Addition
42 NAME 800001817508
43 STREET ADDRESS -05/13/96--01010--002
44 CITY-ST-ZIP ***70.00

TITLE VD ☐ DELETE
NAME KINSEY, CASSANDRA P
STREET ADDRESS 2927 EMBASSY DRIVE
CITY-ST-ZIP WEST PALM BEACH FL

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME O'CONNER, LOIS
STREET ADDRESS 224 VALENCIA ROAD
CITY-ST-ZIP WEST PALM BEACH FL

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone *

CR2E037 (12/95)