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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 723887

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/17/1972

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1447364

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired



\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution



\$5.00 May Be Added to Fees

24

25

29

30

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 reinstating)

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

1.1 TITLE ☒ Change ☒ Addition
 1.2 NAME ROBERT NEEDLE
 1.3 STREET ADDRESS 901 NORTHPOINTE PARKWAY, SUITE 304
 1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33409

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

2.1 TITLE ☒ Change ☒ Addition
 2.2 NAME LUTHER JORDAN
 2.3 STREET ADDRESS 1496 32ND STREET
 2.4 CITY-ST-ZIP RIVIERA BEACH, FL 33404

TITLE T ☐ DELETE
 NAME MILLER, PARK
 STREET ADDRESS 2090 PALM BCH LAKES BLVD #20
 CITY-ST-ZIP WEST PALM BEACH FL

3.1 TITLE ☒ Change ☐ Addition
 3.2 NAME MILLER, PARK
 3.3 STREET ADDRESS 2090 PALM BCH LAKES BLVD #200
 3.4 CITY-ST-ZIP WEST PALM BEACH, FL 33409

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

4.1 TITLE ☐ Change ☒ Addition
 4.2 NAME SCOTT WILLIAMS
 4.3 STREET ADDRESS 250 AUSTRALIAN AVE SOUTH
 4.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401

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

5.1 TITLE ☒ Change ☐ Addition
 5.2 NAME KINSEY, CASSANDRA P.
 5.3 STREET ADDRESS 2927 EMBASSY DRIVE
 5.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401

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

6.1 TITLE ☒ Change ☐ Addition
 6.2 NAME O'CONNER, LOIS
 6.3 STREET ADDRESS 224 VALENCIA BLVD
 6.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401

14. 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 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, with all other like empowered.

SIGNATURE: ROBERT P. BOZZONE (561) 844-6400
 EXECUTIVE DIRECTOR REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)