

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90394 041 ****70.00

DOCUMENT # 723887

1. Entity 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 33402
US**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-1447364

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KURTZ, JOHN D
388 S. MILITARY TRAIL
WEST PALM BEACH FL 33415**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete
NAME **DAVIS, ZELL JR.**
STREET ADDRESS **3001 LAKE DRIVE**
CITY-ST-ZIP **SINTER ISLAND FL 33404**

TITLE **TD** ☐ Delete
NAME **HAMILTON, HARRY**
STREET ADDRESS **800 NORTH FLAGLER DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **PD** ☐ Delete
NAME **ORLOVSKY, DONALD**
STREET ADDRESS **1601 BELVEDERE RD., STE. 402**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **VD** ☐ Delete
NAME **CARPENTER, PEGGY**
STREET ADDRESS **450 SOUTH AUSTRALIAN AVE.**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/2004 561-687-8500