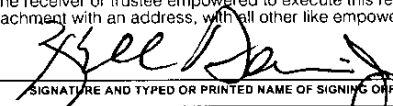


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90001 030 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02052007 Chg-NP CR2E037 (12/06)	
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 1280 N. CONGRESS AVE, SUITE 107 WEST PALM BEACH, FL 33409			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIS, ZELL JR. 3001 LAKE DRIVE SINGER ISLAND, FL 33404	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DAVIS, ZELL JR. 3001 LAKE DRIVE SINGER ISLAND, FL 33404	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAMILTON, HARRY 800 N FLAGLER DR WEST PALM BEACH, FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT HAMILTON, HARRY	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARPENTER, PEGGY 450 SOUTH AUSTRALIAN AVE. WEST PALM BEACH, FL 33401	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY NOROLF ROBERT 5201 VILLAGE BLVD WEST PALM BEACH FL 33406	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MILLER, PARK 2690 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition
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.					
SIGNATURE: 			Date 3-2-07 Daytime Phone #		

40029830



ATTACHMENT

40029830

723887

BOARD OF DIRECTORS ADDRESSES AND TELEPHONE NUMBERS

2006-2007

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