




# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90064 019 \*\*\*\*70.00

<b>DOCUMENT # 723887</b> 1. Entity Name <b>COMPREHENSIVE ALCOHOLISM REHABILITATION PROGRAMS, INC</b>					
Principal Place of Business <b>5400 EAST AVE</b> <b>W. PALM BEACH, FL 33407 US</b>			Mailing Address <b>P.O. BOX 2507</b> <b>WEST PALM BEACH, FL 33402 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<div style="font-size: 24px; margin-bottom: 10px;">90000</div>  <div style="margin-top: 10px;">01072008    Chg-NP    CR2E037 (12/06)</div>	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-1447364</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KURTZ, JOHN D</b> <b>1280 N. CONGRESS AVE, SUITE 107</b> <b>WEST PALM BEACH, FL 33409</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <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</b> <b>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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DAVIS, ZELL JR. 3001 LAKE DRIVE SINYER ISLAND, FL 33404	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HAMILTON, HARRY 800 N FLAGLER DR WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NEEDLE, ROBERT 5261 VILLAGE BLVD. WEST PALM BEACH, FL 33406	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MILLER, PARK 2090 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>SIGNATURE:</b>   <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  <b>Zell Davis</b> </div> <div style="width: 35%; text-align: right;"> <div style="font-size: 18px; margin-bottom: 5px;">1/9/08</div> <div style="font-size: 18px; margin-bottom: 5px;">(561) 844-6400</div> <div style="display: flex; justify-content: space-between;"> <div><small>Date</small></div> <div><small>Daytime Phone #</small></div> </div> </div> </div>					