2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2011
Secretary of State

DOCUMENT# 723887

Entity Name: COMPREHENSIVE ALCOHOLISM REHABILITATION PROGRAMS, INC

Current Principal Place of Business:

5410 EAST AVE
W. PALM BEACH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2507
WEST PALM BEACH, FL 33402 US

New Mailing Address:

FEI Number: 59-1447364 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KURTZ, JOHN D
1280 N. CONGRESS AVE, SUITE 107
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: S
Name: WEINTZ, TODD
Address: 1306 S. LAKESIDE DRIVE
City-St-Zip: LAKE WORTH, FL 33460

Title: T
Name: PATY, WILLIAM N
Address: 2401 TECUMSEH DR
City-St-Zip: WEST PALM BEACH, FL 33409

Title: P
Name: NEEDLE, ROBERT
Address: 5201 VILLAGE BLVD.
City-St-Zip: WEST PALM BEACH, FL 33407

Title: V
Name: MILLER, PARK
Address: 239 TANGIER AVENUE
City-St-Zip: PALM BEACH, FL 33480

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT NEEDLE P 02/11/2011

Electronic Signature of Signing Officer or Director Date