

**F130000000273**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850) 617-6381

## From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION**  
National Association of Addiction Treatment Provider

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

RECEIVED  
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J. Shivers JAN 21 2013

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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** National Association of Addiction Treatment Providers (NAATP)  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Michael Walsh

Name of Person

NAATP

Firm/Company

313 W. Liberty St., Ste. 129

Address

Lancaster, PA 17603

City/State and Zip Code

mwalsh@naatp.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Walsh

Name of Person

at ( 561 ) 346-2005

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:*

**1. National Association of Addiction Treatment Providers Corporation**

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

**2. California**

(State or country under the law of which it is incorporated)

**3. 95-3626761**

(FEI number, if applicable)

**4. March 23, 1978**

(Date of Incorporation)

**5. Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

**6.**

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

**7. 313 W. Liberty St., Ste 129, Lancaster, PA 17603**

(Principal office address)

**313 W. Liberty St., Ste 129, Lancaster, PA**

(Current mailing address)

**8. The corporation shall engage in any activity or business permitted under the laws of the US and State of Florida.**  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

**9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)**

Name: **C T Corporation System**

Office Address: **1200 South Pine Island Road**

**Plantation**

(City)

**Florida 33324**

(Zip Code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

**C T Corporation System**

**Connie Bryan**

*Connie Bryan*

(Registered agent's signature)

**Assistant Secretary**

**11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Kermit A. Dahlen

Address: 313 W. Liberty St., Ste 129, Lancaster, PA 17603

Vice Chairman: Kenneth C. Gregoire

Address: 313 W. Liberty St., Ste 129, Lancaster, PA 17603

Director: Carlton Kester

Address: 313 W. Liberty St., Ste 129, Lancaster, PA 17603

Director: William Hartigan

Address: 313 W. Liberty St., Ste 129, Lancaster, PA 17603

\*\*\*Please see attached addendum listing additional directors.

**B. OFFICERS**

President: Michael Walsh

Address: 313 W. Liberty St., Ste 129, Lancaster, PA 17603

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Carlton Kester

Address: 313 W. Liberty St., Ste 129, Lancaster, PA 17603

Treasurer: William Hartigan

Address: 313 W. Liberty St., Ste 129, Lancaster, PA 17603

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *Michael Walsh*

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Michael E. Walsh, President/CEO

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

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**Addendum to Application by Foreign Not for Profit Corporation for Authorization to Conduct  
its Affairs in Florida**

<b>Directors:</b>	<b>Address:</b>
Jerry Crowder	313 W. Liberty St., Ste 129, Lancaster, PA 17603
Scott Munson	313 W. Liberty St., Ste 129, Lancaster, PA 17603
Philip W. Eaton	313 W. Liberty St., Ste 129, Lancaster, PA 17603
Father Mark Hushen	313 W. Liberty St., Ste 129, Lancaster, PA 17603
Edward M. Diehl	313 W. Liberty St., Ste 129, Lancaster, PA 17603
James B. Moore	313 W. Liberty St., Ste 129, Lancaster, PA 17603
Raymond Tamasi	313 W. Liberty St., Ste 129, Lancaster, PA 17603
Cathy Palm	313 W. Liberty St., Ste 129, Lancaster, PA 17603
Art VanDivier	313 W. Liberty St., Ste 129, Lancaster, PA 17603
Bob Ferguson	313 W. Liberty St., Ste 129, Lancaster, PA 17603
Russell Hagen	313 W. Liberty St., Ste 129, Lancaster, PA 17603
Rebecca Flood	313 W. Liberty St., Ste 129, Lancaster, PA 17603
Robert Waggener, FACHE, LCSW	313 W. Liberty St., Ste 129, Lancaster, PA 17603
Gary Fisher	313 W. Liberty St., Ste 129, Lancaster, PA 17603
Barbara Woods	313 W. Liberty St., Ste 129, Lancaster, PA 17603
Anne Vance	313 W. Liberty St., Ste 129, Lancaster, PA 17603
Andrew Eckert	313 W. Liberty St., Ste 129, Lancaster, PA 17603
Dwayne Beason	313 W. Liberty St., Ste 129, Lancaster, PA 17603
Debbie Sanford	313 W. Liberty St., Ste 129, Lancaster, PA 17603
Mike Early	313 W. Liberty St., Ste 129, Lancaster, PA 17603
John Driscoll	313 W. Liberty St., Ste 129, Lancaster, PA 17603

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

State of California  
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

NATIONAL ASSOCIATION OF ADDICTION TREATMENT PROVIDERS

FILE NUMBER: C0862651  
FORMATION DATE: 03/23/1978  
TYPE: DOMESTIC NONPROFIT CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

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TALLAHASSEE FLORIDA

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I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 16, 2013.

*Debra Bowen*

DEBRA BOWEN  
Secretary of State