

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

COUNTY - 5 APR 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**NONPROFIT CORPORATION ANNUAL REPORT**  
1999 1998

**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Wortham**  
Secretary of State  
DIVISION OF CORPORATIONS



**DOCUMENT # F97000005622 (2)**

1. Corporation Name  
**FLORIDA ADDICTIONS TREATMENT ALUMNI/F.A.T.A., INC.**

Principal Place of Business Mailing Address

**PO BOX 1361 AUBURDALE FL 33823** **PO BOX 1361 AUBURDALE FL 33823**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified  
**10/24/1997**

4. FEI Number **59-3164210** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation (owns) or has paid the current year Intangible Personal Property Tax due June 30  Yes  No

9. Name and Address of Current Registered Agent

**FLEUTKE, DONALD**  
**113 MCKEAN ST.**  
**AUBURDALE FL 33823**

*Mckean St (D 4/30/99)*

10. Name and Address of New Registered Agent

81 Name *21/A - Gene*

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when (omit diag) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE **PSDC** (Special Agent)  DELETE

NAME **FLEUTKE DONALD L** *FLEUTKE*

STREET ADDRESS **PO BOX 1361 AUBURDALE FL 33823**

CITY-ST-ZIP

TITLE  DELETE

NAME **FLEUTKE, Donald L**

STREET ADDRESS **113 MCKEAN ST**

CITY-ST-ZIP **Auburdales, FL 33823**

TITLE **(D)**  DELETE

NAME **Ron Callaway**

STREET ADDRESS **2582 Thornhill Rd.**

CITY-ST-ZIP **Auburdales, FL 33823**

TITLE **D**  DELETE

NAME **Larry D. Workman**

STREET ADDRESS **540 Tanglewood Dr.**

CITY-ST-ZIP **Auburdales, FL 33823**

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONAL OFFICERS TO OFFICERS AND DIRECTORS (SEE 12)

11 TITLE *Spelling Correction*  Change  Addition

12 NAME *FLEUTKE DONALD L*

13 STREET ADDRESS *None*

14 CITY-ST-ZIP

21 TITLE  Change  Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE  Change  Addition

32 NAME **700002881037-5**

33 STREET ADDRESS **05/20/99 - 01049 - 005**

34 CITY-ST-ZIP **\*\*\*\*\*61.25 \*\*\*\*\*61.25**

41 TITLE  Change  Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE  Change  Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE  Change  Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Donald L. Fleutke** *Donald L. Fleutke* **4/30/99** **900-4434** **5432 (See file) 1935**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CFR2E037 (10/97)

*OTC*