

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005622

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: FLORIDA ADDICTIONS TREATMENT ALUMNI/F.A.T.A., INC.

**Current Principal Place of Business:**

113 MCKEAN ST.  
AUBURNDALE, FL 33823

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1361  
AUBURNDALE, FL 33823

**New Mailing Address:**

FEI Number: 59-3164260      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FLENTKE, DONALD  
113 MCKEAN ST.  
AUBURNDALE, FL 33823      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: PSCD      ( ) Delete  
Name: FLENTKE, DONALD L  
Address: 113 MCKEAN ST.  
City-St-Zip: AUBURNDALE, FL 33823

Title: D      ( ) Delete  
Name: WORKMAN, LARRY D  
Address: 540 TANGLEWOOD DR.  
City-St-Zip: AUBURNDALE, FL 33823

Title: D      ( ) Delete  
Name: DUPREE, M.W.  
Address: 12 SANDY LANE  
City-St-Zip: AUBURNDALE, FL 33823

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: NEWTON, C.J.  
Address: 4520 SULLIVAN RD.  
City-St-Zip: LAKE WALES, FL 33859

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DONALD FLENTKE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PSCD

04/30/2007

\_\_\_\_\_  
Date