

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000005622

**FILED**  
**Apr 29, 2010**  
**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 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1361  
AUBURNDALE, FL 33823 US

**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:** PSDC  
**Name:** FLENTKE, DONALD L  
**Address:** 113 MCKEAN ST.  
**City-St-Zip:** AUBURNDALE, FL 33823 US

**Title:** D  
**Name:** NEWTON, C.J.  
**Address:** 4520 SULLIVAN RD.  
**City-St-Zip:** LAKE WALES, FL 33859 US

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

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:** DONALD. L FLENTKE

PSDC

04/29/2010

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

\_\_\_\_\_  
Date