2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2003 8:00 am § Secretary of State

05-02-2003 90373 023 ****61.25

DOCUMENT #	F97000005622
	I DI OUGUCUEE

. Entity Name FLORIDA ADDICTIONS TREA C.			
Principal Place of Business	Mailing Address		
13 MCKEAN ST. Hirlipandale el 33823	PO BOX 1381 AURURNDALE EL 33823		

C.			O COD WI					
Principal Place 113 MCKEAN S AUBURNDALE		Mailing Address PO BOX 1361 AUBURNDALE FL 33823	1					
							1 11 11 11 11 1111 1111 1	
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		-		CHECK HERE IF M	MAKING CHAN	GES
City & Stat	e	City & State	<u> </u>		4. FEI Number 50	3164260		Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of St	atus Desired		Additional
-	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Regis	Fee Restered Agent	
	OF THE PRODUCTION OF CUSTOM	- Ingliteror rigotic	Name	**	77 742112 0110 7120	1000 01 11011 11031	otorou rigorit	
	, DONALD		Street Ad	ddress (F	P.O. Box Number is N	Not Acceptable)		-
113 MCK AUBURNI	DALE FL 33823							
			City			- -	FL Zip	Code
	named entity submits this statement folions of registered agent.	r the purpose of changing its	registered office or	registere	ed agent, or both, in	the State of Florida	a. I am familiar	with, and accept
	XI/A							
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signatu	re required	when reinstating)		DATE	•
					V - 1 - 1 - 1 - 1			
<u> </u>	FILE NOW: FEE IS \$61.25	9. Election Carr Trust Fund Co	npaign Financing ontribution.		\$5.00 May Be Added to Fees		Check Paya Department	
10.	OFFICERS AND DII	RECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS	AND DIRECTO	RS IN 10
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: