

**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

0049089

DOCUMENT # F97000005622

1. Entity Name

**FLORIDA ADDICTIONS TREATMENT ALUMNI/F.A.T.A., IN
C.**



Principal Place of Business

**113 MCKEAN ST.
AUBURNDALE FL 33823**

Mailing Address

**PO BOX 1361
AUBURNDALE FL 33823**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3164260**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLENTKE, DONALD
113 MCKEAN ST.
AUBURNDALE FL 33823**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Handwritten Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PSDC	<input type="checkbox"/> Delete
NAME	FLEUTKE, DONALD L	
STREET ADDRESS	113 MCKEAN ST.	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE	D	<input type="checkbox"/> Delete
NAME	WORKMAN, LARRY D	
STREET ADDRESS	540 TANGLEWOOD DR.	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUPREE, M.W.	
STREET ADDRESS	12 SANDY LANE	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

4/30/03

CR2E037 (10/02)