

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

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90114 039 ****70.00

DOCUMENT # N02000003443

1. Entity Name

COMMUNITY ALTERNATIVE TREATMENT SERVICES, INC.



Principal Place of Business

**523 LITTLE LAKE CT
WINTER HAVEN FL 33884
US**

Mailing Address

**PO BOX 2143
WINTER HAVEN FL 33883
US**

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

03-04461-49

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

**YOST ES, RONALD
112 AVENUE E SW
WINTER HAVEN FL 33881**

7. Name and Address of New Registered Agent

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

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

TITLE **D** ☐ Delete
NAME **CALHOUN, MARION D**
STREET ADDRESS **523 LITTLE LAKE CT**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE **D** ☐ Delete
NAME **WARREN, BILLY**
STREET ADDRESS **523 LITTLE LAKE CT**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE **D** ☐ Delete
NAME **BARNES, JOYCE**
STREET ADDRESS **4321 THOMASWOOD LN E**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **D** ☐ Delete
NAME **MILLER, EARL**
STREET ADDRESS **2894 DUDLEY DR**
CITY-ST-ZIP **BARTOW FL 33830**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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

114103

863 326-1674

Date

Daytime Phone #

CR2E037 (10/02)