

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001452

FILED  
Jan 25, 2012  
Secretary of State

**Entity Name:** INTERNATIONAL ASSOCIATION OF TRAUMA & ADDICTION COUNSELORS, INC.

**Current Principal Place of Business:**

600 SW 3RD STREET  
SUITE 4400  
POMPANO BEACH, FL 33060 US

**New Principal Place of Business:**

**Current Mailing Address:**

600 SW 3RD STREET  
SUITE 4400  
POMPANO BEACH, FL 33060 US

**New Mailing Address:**

**FEI Number:** 65-0728592

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NACHTWEY, KIMBERLY D  
13639 ALLAMANDA CIRCLE  
PORT CHARLOTTE, FL 33981 US

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

MERILEE, BINGHAM  
600 SW 3RD STREET  
4400  
POMPANO BEACH, FL 33060 US

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: MERILEE BINGHAM

01/25/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: HOSKINS, DAVID S  
Address: 1050 HILLSBORO BEACH #808W  
City-St-Zip: HILLSBORO BLVD, FL 33062 US

Title: D  
Name: MANRIQUE, IVAN  
Address: 600 SW 3RD STREET, #4400  
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: D  
Name: DVORAK, THOMOAS  
Address: 600 SW 3RD ST. SUITE 4101  
City-St-Zip: POMPANO BEACH, FL 33060 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: THOMAS DVORAK

D

01/25/2012

Electronic Signature of Signing Officer or Director

Date