

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723887

Entity Name: COMPREHENSIVE ALCOHOLISM REHABILITATION
PROGRAMS, INC

Current Principal Place of Business:

1626 OKEECHOBEE ROAD
WEST PALM BEACH, FL 33401

Current Mailing Address:

P.O. BOX 2507
WEST PALM BEACH, FL 33402 US

FEI Number: 59-1447364

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KURTZ, JOHN D
1280 N. CONGRESS AVE, SUITE 107
WEST PALM BEACH, FL 33409 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name LANDERS, V KELLY
Address 315 26TH STREET
City-State-Zip: WEST PALM BEACH FL 33407

Title SECRETARY
Name NICOLA, CARL
Address 3570 S. OCEAN BLVD.
PH-614
City-State-Zip: PALM BEACH FL 33480

Title VP
Name RAY, HAROLD CALVIN
Address 4431 EMBARCADERO DRIVE
City-State-Zip: WEST PALM BEACH FL 33407

Title TREASURER
Name FAGAN, MICHAEL R
Address 442 RIVER EDGE ROAD
City-State-Zip: JUPITER FL 33477

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: KELLY V.LANDERS

PRESIDENT

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date