

**2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000005622

**Entity Name:** FLORIDA ADDICTIONS TREATMENT ALUMNI/F.A.T.A., INC.

**Current Principal Place of Business:**

113 MCKEAN ST.  
AUBURNDALE, FL 33823

**Current Mailing Address:**

PO BOX 1361  
AUBURNDALE, FL 33823 US

**FEI Number: 59-3164260**

**Certificate of Status Desired: No**

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

FLENTKE, DONALD  
113 MCKEAN ST.  
AUBURNDALE, FL 33823 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 PSDC  
Name FLENTKE, DONALD L  
Address 113 MCKEAN ST.  
City-State-Zip: AUBURNDALE FL 33823

Title D  
Name NEWTON, C.J.  
Address 4520 SULLIVAN RD.  
City-State-Zip: LAKE WALES FL 33859

Title DIRECTOR  
Name SHORT, JAMES B  
Address 1203 TAYLOR STREET  
City-State-Zip: AUBURNDALE FL 33823-9629

*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: DONALD FLENTKE**

**P,S,D,C**

**05/01/2019**

Electronic Signature of Signing Officer/Director Detail

Date