

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 30, 2005
Secretary of State

DOCUMENT# 744231

Entity Name: ABUSE COUNSELING AND TREATMENT, INC.

Current Principal Place of Business:

P.O. BOX 60401
FT MYERS, FL 339060401 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 60401
FT MYERS, FL 339060401 US

New Mailing Address:

FEI Number: 59-1864735 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEINER, JUDY
834 SW 56TH STREET
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: STRAMEL, DIANE
Address: 43 SE 20 CT
City-St-Zip: CAPE CORAL, FL 33990

Title: V () Delete
Name: LARUE, KRISTIN
Address: 3290-2 SANDLEWOOD LANE
City-St-Zip: FORT MYERS, FL 33907

Title: MGR () Delete
Name: BENTON, JENNIFER L
Address: 20 FALCONWOOD COURT
City-St-Zip: FORT MYERS, FL 33919

Title: P () Delete
Name: WEINER, JUDY
Address: 834 SW 56TH ST
City-St-Zip: CAPE CORAL, FL 33914

Title: S () Delete
Name: BARBUR, DAVID
Address: 2201 SECOND STREET 2ND FLOOR
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: JOHNSON, KATHLEEN
Address: 5238 SW 2ND AVENUE
City-St-Zip: CAPE CORAL, FL 33914

Title: VP (X) Change () Addition
Name: BARBUR, DAVID
Address: 2201 SECOND STREET, SECOND FLOOR
City-St-Zip: FORT MYERS, FL 33901

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: RIVERA, EVELYN
Address: 2950 TRAIL DAIRY CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33917

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JENNIFER L. BENTON

MGR

11/30/2005

Electronic Signature of Signing Officer or Director

_____ Date