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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744798 (0)
1. Corporation Name
AGENCY FOR COMMUNITY TREATMENT SERVICES, INC.



Principal Place of Business: 4211 E BUSCH BLVD TAMPA FL 33617
Mailing Address: 4211 E BUSCH BLVD TAMPA FL 33617-5916

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date incorporated or Qualified: 11/02/1978
3a. Date of Last Report: 04/24/1996
4. FEI Number: 59-1860626
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
MARROCCO, JOHN P
4211 E BUSCH BLVD
TAMPA FL 33617

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HIRSCH, ALBERT J	
STREET ADDRESS	805 S. ROME AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ROBINSON, PAT	
STREET ADDRESS	13301 BRUCE B. DOWNS BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MARCHESE, LINDA J	
STREET ADDRESS	1006 W. CHARTER ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WALDEN, ERIC	
STREET ADDRESS	4202 FOWLER AVE - ADM 147	
CITY-ST-ZIP	TAMPA FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	MARROCCO, JOHN	
STREET ADDRESS	4211 E BUSCH BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LYNDA J. MARCHESE	
1.3 STREET ADDRESS	1006 W. CHARTER ST	
1.4 CITY-ST-ZIP	TAMPA, FL	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PAT ROBINSON	
2.3 STREET ADDRESS	13301 BRUCE B. DOWNS BLVD	
2.4 CITY-ST-ZIP	TAMPA, FL	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CATHERINE BATSCHE	
3.3 STREET ADDRESS	4202 E. FOWLER ADM 22L	
3.4 CITY-ST-ZIP	TAMPA, FL	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WILLIAM HIRSCH	
4.3 STREET ADDRESS	608 W. HORATIO ST. STE A	
4.4 CITY-ST-ZIP	TAMPA, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE:  JOHN P. MARROCCO 1/17/97 (813) 988-6096
DATE: 1/17/97 DAYTIME PHONE: (813) 988-6096

CR2E037 (9/96)