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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
11/02/1978

4. FEI Number
59-1860626

Applied For Not Applicable

2. Principal Place of Business
21 AGENCY FOR COMMUNITY TREATMENT SERVICES INC

2a. Mailing Address
26 AGENCY FOR COMMUNITY TREATMENT SERVICES INC

5. Certificate of Status Desired **\$8.75** Additional Fee Required

Suite, Apt. #, etc.
22 4612 N. 56th ST

Suite, Apt. #, etc.
27 4612 N 56th ST

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

City & State
23 TAMPA, FL

City & State
28 TAMPA, FL

7. Is this nonprofit corporation a homeowners association? Yes No

Zip
24 33610

Country
25

Zip
29

Country
30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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)
4612 N. 56th ST

83

84 City
TAMPA

85 Zip Code
FL 33610

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]* **JOHN P. MARROCCO**
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 MARCHESE, LYNDA J.	
STREET ADDRESS 1006 W. CHARTER ST.	
CITY-ST-ZIP TAMPA FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME ROBINSON, PAT	
STREET ADDRESS 13301 BRUCE B. DOWNS BLVD.	
CITY-ST-ZIP TAMPA FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME BATSCHKE, CATHERINE	
STREET ADDRESS 4202 E. FOWLER ADM 226	
CITY-ST-ZIP TAMPA FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME HIRSCH, WILLIAM	
STREET ADDRESS 608 W. HORATIO ST., SUITE A	
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 ROBINSON, PAT	
1.3 STREET ADDRESS 13301 BRUCE B. DOWNS BLVD	
1.4 CITY-ST-ZIP TAMPA, FL 33612	
2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME BATSCHKE, CATHERINE	
2.3 STREET ADDRESS 4202 E. FOWLER ADM 226	
2.4 CITY-ST-ZIP TAMPA, FL 33620	
3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME ENNIS, BARY	
3.3 STREET ADDRESS 4612 N. 56th ST	
3.4 CITY-ST-ZIP TAMPA, FL 33610	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE ED JOHN P. MARROCCO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME 4612 N. 56th ST	
5.3 STREET ADDRESS TAMPA, FL 33610	
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 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 or on an attachment with an address.

SIGNATURE: *[Signature]* **JOHN P. MARROCCO** (813) 246-4899

CR2E037 (10/97)