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Mar 04, 1999 8:00 am  
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03-04-1999 90043 004 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 744798

1. Corporation Name

AGENCY FOR COMMUNITY TREATMENT SERVICES, INC.

Principal Place of Business

AGENCY FOR COMM. TREATMENT SVCS INC  
4612 N 56TH ST  
TAMPA FL 33610  
US

Mailing Address

AGENCY FOR COMM. TREATMENT SVCS INC  
4612 N 56TH ST  
TAMPA FL 33610  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

11/02/1978

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

9. Name and Address of Current Registered Agent

MARROCCO, JOHN P  
4612 N 56TH ST  
TAMPA FL 33610

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 SD  
NAME ENNIS, GARY  
STREET ADDRESS 4612 N 56TH ST  
CITY-ST-ZIP TAMPA FL 33610

TITLE PD  
NAME ROBINSON, PAT  
STREET ADDRESS 13301 BRUCE B. DOWNS BLVD.  
CITY-ST-ZIP TAMPA FL 33612

TITLE VD  
NAME BATSCHE, CATHERINE  
STREET ADDRESS 4202 E. FOWLER ADM 226  
CITY-ST-ZIP TAMPA FL 33620

TITLE TD  
NAME HIRSCH, WILLIAM  
STREET ADDRESS 608 W. HORATIO ST., SUITE A  
CITY-ST-ZIP TAMPA FL

TITLE ED  
NAME MARROCCO, JOHN  
STREET ADDRESS 4612 N 56TH ST  
CITY-ST-ZIP TAMPA FL 33610

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Co-DIRECTOR  
1.2 NAME BROWN RICHARD  
1.3 STREET ADDRESS 4612 N 56TH ST  
1.4 CITY-ST-ZIP TAMPA, FL 33610

2.1 TITLE Co-DIRECTOR  
2.2 NAME PRINCE-SANDRA  
2.3 STREET ADDRESS 4612 N 56TH ST  
2.4 CITY-ST-ZIP TAMPA, FL 33610

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED RICHARD BROWN

(813) 246-4899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)