FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 27 PM 3:15

DOCUMENT # 744231 (2)

1. Corporation Name
ABUSE COUNSELING AND TREATMENT, INC.

Principal Place of Business	Mailing Address
P.O. BOX 60401 FT MYERS FL 33906-0401 US	P.O. BOX 60401 FT MYERS FL 33906-0401 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/12/1978
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-1864735 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

POSNER, BONNIE
5161 TANGLEWOOD PKWY.
FT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name: Harry Landbo
82 Street Address (P.O. Box Number is Not Acceptable): 2318 Kent Ave.
83
84 City: Ft. Myers FL 85 Zip Code: 33907

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Harry Landbo — Harry Landbo, President — 2/9/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	MCCULLOM, DIXIE L	12 NAME	
STREET ADDRESS	8717 CHATHAM	13 STREET ADDRESS	
CITY-ST-ZIP	FT.MYERS FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	PD ☒ Change ☐ Addition
NAME	POSNER, BONNIE	22 NAME	Landbo, Harry
STREET ADDRESS	5161 TANGLEWOOD PKWY	23 STREET ADDRESS	2318 Kent Ave.
CITY-ST-ZIP	FT MYERS FL	24 CITY-ST-ZIP	Ft. Myers, FL 33907-5804
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	NORTON, JONI	32 NAME	
STREET ADDRESS	300 KEENAN AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☒ Change ☐ Addition
NAME	KELLY, KATHLEEN	42 NAME	SD
STREET ADDRESS	14920-3 SUMMERLIN WOODS DRIVE	43 STREET ADDRESS	Fitzpatrick, Mary Connie
CITY-ST-ZIP	FT MYERS BCH FL	44 CITY-ST-ZIP	1410 SW 54th Terrace
TITLE	M	51 TITLE	Cape Coral, FL 33914
NAME	CARROLL, PATRICIA	52 NAME	M ☒ Change ☐ Addition
STREET ADDRESS	13621 EAGLE RIDGE, APT. 1527	53 STREET ADDRESS	Carroll, Patricia
CITY-ST-ZIP	FT. MYERS FL	54 CITY-ST-ZIP	17623 Captiva Island Ln.
			Ft. Myers, FL 33908
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Harry Landbo — Harry Landbo — 2/9/95 — (813)939-2553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0098347