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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:40

DOCUMENT # **744798** (0)

1. Corporation Name

AGENCY FOR COMMUNITY TREATMENT SERVICES, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1978
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-1860626 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
22	27		
City & State	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	$68.75 Supplemental Fee Not Required
23	28		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARROCCO, JOHN P 4211 E BUSCH BLVD TAMPA FL 33617	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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	HELPER, GUY	1.2 NAME	Hirsch Jr., Albert	
STREET ADDRESS	404 BELVEDERE OVAL	1.3 STREET ADDRESS	805 S. Rome Ave.	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33606	
TITLE	SD	2.1 TITLE	SD	☑ Change ☐ Addition
NAME	HEARN, STEVE	2.2 NAME	Robinson, Pat	
STREET ADDRESS	PO BOX 500	2.3 STREET ADDRESS	13301 Bruce B. Downs Blvd.	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL 33612-3899	
TITLE	VD	3.1 TITLE	VD	☑ Change ☐ Addition
NAME	FLYNN, PAUL	3.2 NAME	Marchese, Linda J.	
STREET ADDRESS	501 E. KENNEDY BLVD.	3.3 STREET ADDRESS	1006 W. Charter St.	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL 33603	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	WALDEN, ERIC	4.2 NAME		
STREET ADDRESS	4202 FOWLER AVE - ADM 147	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP		
TITLE	ED	5.1 TITLE		☐ Change ☐ Addition
NAME	MARROCCO, JOHN	5.2 NAME		
STREET ADDRESS	4211 E BUSCH BLVD	5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: _____ 2/20/95 (813) 985-4096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004404