

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
09/12/1978

3a. Date of Last Report
02/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POSNER, BONNIE
5161 TANGLEWOOD PKWY.
FT MYERS FL 33919

81 Name
Harry Landbo
82 Street Address (P.O. Box Number is Not Acceptable)
4020 Evans Avenue
83
84 City
Fort Myers FL 85 Zip Code
33901

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

Harry Landbo

(NOTE: Registered Agent signature required when reinstating)

APRIL 22, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MCCULLOM, DIXIE L
8717 CHATHAM
FT.MYERS FL ☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Vice President VP ☐ Change ☒ Addition
Marshall T. Bower
15031 Pinta Rassa Rd. #806
Fort Myers, FL 33908 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LANDBO, HARRY
2318 KENT AVE
FT MYERS FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
NORTON, JONI
398 KEENAN AVENUE
FT. MYERS FL ☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
Treasurer TD ☐ Change ☒ Addition
Kathleen Kelly
14053 Northumberland Dr. #103
Fort Myers, FL 33908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
FITZPATRICK, MARY CONNIE
1410 SW 54TH TERRACE
CAPE CORAL FL ☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Secretary SD ☐ Change ☒ Addition
Kristen LaRue
3290-2 Sandlewood Ln.
Fort Myers, FL 33907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
CARROLL, PATRICIA
17623 CAPTIVA ISLAND LN.
FT. MYERS FL ☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
Interim Executive Director ☐ Change ☒ Addition
Jennifer L. Benton MD
1463 Woodwind Court
Fort Myers, FL 33919 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 22, 1996 941-939-2900
Date Daytime Phone

CR2E037 (12/95)