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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

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~~

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 AGENCY FOR COMMUNITY TREATMENT SERVICES INC	26 AGENCY FOR COMMUNITY TREATMENT SERVICES INC
Suite, Apt. #, etc. 22 4612 N. 56th ST	Suite, Apt. #, etc. 27 4612 N 56th ST
City & State 23 TAMPA, FL.	City & State 28 TAMPA, FL
Zip / Country 24 33610 / 25	Zip / Country 29 / 30

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 **FL** 85 Zip Code: 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: X _____ 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~MARCHESE, LYNDA J.~~ ~~1006 W. CHARTER ST.~~ ~~TAMPA FL~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD ROBINSON, PAT 13301 BRUCE B. DOWNS BLVD TAMPA, FL 33612	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROBINSON, PAT 13301 BRUCE B. DOWNS BLVD. TAMPA FL	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD BATSCHE, CATHERINE 4202 E. FOWLER ADM 226 TAMPA, FL 33620	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BATSCHE, CATHERINE 4202 E. FOWLER ADM 226 TAMPA FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD ENNIS, GARY 4612 N. 56th ST TAMPA, FL 33610	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HIRSCH, WILLIAM 608 W. HORATIO ST., SUITE A TAMPA FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED MARROCCO, JOHN ~~4211 E BUSCH BLVD~~ TAMPA FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	ED JOHN P. MARROCCO 4612 N. 56th ST TAMPA, FL 33610	☑ 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		☐ Change ☐ Addition

CR2E037 (10/97)

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: X _____ JOHN P. MARROCCO (813) 246-4899