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NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Feb 04 1998 8:00 am
Secretary of State

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

4. FEI Number

59-1864735

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARUE, KRISTEN
3290-2 SANDLEWOOD LN
FT MYERS FL 33907

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP
NAME CARR, MIKE
STREET ADDRESS 1311 SE 21 TERR
CITY-ST-ZIP CAPE CORAL FL

1.1 TITLE VP
1.2 NAME Bower, Marshall
1.3 STREET ADDRESS 15031 Punta Rassa, #806
1.4 CITY-ST-ZIP Fort Myers, FL 33908

TITLE T
NAME STRARREL, DIANE
STREET ADDRESS 43 SE 20 CT
CITY-ST-ZIP CAPE CORAL FL

2.1 TITLE T
2.2 NAME Stramel, Diane
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S
NAME WHITING, ANN
STREET ADDRESS 1840 MARAVILLA AVE
CITY-ST-ZIP FT. MYERS FL

3.1 TITLE S
3.2 NAME Redmond, Lois
3.3 STREET ADDRESS 1452 Davis Road
3.4 CITY-ST-ZIP Fort Myers, FL 33919

TITLE PD
NAME KRISTEN LARUE
STREET ADDRESS 3290-2 SANDLEWOOD LN
CITY-ST-ZIP FORT MYERS FL

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

TITLE ED
NAME BENTON, JENNIFER L
STREET ADDRESS 1463 WOODWIND COURT
CITY-ST-ZIP FORT MYERS FL

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

TITLE
NAME
STREET ADDRESS
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.

SIGNATURE:

[Signature] 1-5-98

CR2E037 (10/97)