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03-04-1999 90043 004 ****70.00

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744798

1. Corporation Name

AGENCY FOR COMMUNITY TREATMENT SERVICES, INC.

Principal Place of Business

AGENCY FOR COMM. TREATMENT SVCS INC
4612 N 56TH ST
TAMPA FL 33610
US

Mailing Address

AGENCY FOR COMM. TREATMENT SVCS INC
4612 N 56TH ST
TAMPA FL 33610
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

9. Name and Address of Current Registered Agent

MARROCCO, JOHN P
4612 N 56TH ST
TAMPA FL 33610

10. Name and Address of New Registered Agent

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

TITLE SD
NAME ENNIS, GARY
STREET ADDRESS 4612 N 56TH ST
CITY-ST-ZIP TAMPA FL 33610

TITLE PD
NAME ROBINSON, PAT
STREET ADDRESS 13301 BRUCE B. DOWNS BLVD.
CITY-ST-ZIP TAMPA FL 33612

TITLE VD
NAME BATSCHKE, CATHERINE
STREET ADDRESS 4202 E. FOWLER ADM 226
CITY-ST-ZIP TAMPA FL 33620

TITLE TD
NAME HIRSCH, WILLIAM
STREET ADDRESS 608 W. HORATIO ST., SUITE A
CITY-ST-ZIP TAMPA FL

TITLE ED
NAME MARROCCO, JOHN
STREET ADDRESS 4612 N 56TH ST
CITY-ST-ZIP TAMPA FL 33610

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CO-DIRECTOR
1.2 NAME BROWN, RICHARD
1.3 STREET ADDRESS 4612 N 56TH ST
1.4 CITY-ST-ZIP TAMPA, FL 33610

2.1 TITLE CO-DIRECTOR
2.2 NAME PRINCE, SANDRA
2.3 STREET ADDRESS 4612 N 56TH ST
2.4 CITY-ST-ZIP TAMPA, FL 33610

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
BROWN, RICHARD

Date

Daytime Phone #

(813) 246-4899

CR2E037 (11/98)