

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90034 016 ****70.00

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1. Entity Name
ABUSE COUNSELING AND TREATMENT, INC.



Principal Place of Business
P.O. BOX 60401
FT MYERS, FL 33906-0401 US

Mailing Address
P.O. BOX 60401
FT MYERS, FL 33906-0401 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



02182004 Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1864735

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MCCOLLAUM, DIXIE LEE
8717 CHATHAM ST
FORT MYERS, FL 33907

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME MCCOLLAUM, DIXIE LEE
STREET ADDRESS 8717 CHATHAM ST
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE DT ☐ Delete
NAME STRAMEL, DIANE
STREET ADDRESS 43 SE 20 CT
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE ~~PD~~ ☐ Delete
NAME LARUE, KRISTIN
STREET ADDRESS 3290-2 SANDLEWOOD LANE
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE D ☒ Delete
NAME FONTAINE, SALLY
STREET ADDRESS 13851 GREENGATE BLVD # 414
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE D ☐ Delete
NAME BENTON, JENNIFER L
STREET ADDRESS 1463 WOODWIND COURT
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE VP ☐ Delete
NAME WEINER, JUDY
STREET ADDRESS 834 SW 56TH ST
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director-Secretary ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2399392553