# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 03, 2005 8:00 am**
**Secretary of State**
02-03-2005 90048 012 ****70.00

DOCUMENT # 744798

1. Entity Name
AGENCY FOR COMMUNITY TREATMENT SERVICES, INC.

50010239

| Principal Place of Business | Mailing Address |
|---|---|
| AGENCY FOR COMM. TREATMENT SVCS INC<br>4612 N 56TH ST<br>TAMPA, FL 33610 US | AGENCY FOR COMM. TREATMENT SVCS INC<br>4612 N 56TH ST<br>TAMPA, FL 33610 US |

01202005 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-1860626 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| MARROCCO, JOHN P<br>4612 N 56TH ST<br>TAMPA, FL 33610 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2005**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>HEARN, STEVEN<br>4612 N 56TH ST<br>TAMPA, FL 33610 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vice-President | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>HIRSCH, WILLIAM<br>4612 N 56TH STREET<br>TAMPA, FL 33610 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>WALDEN, ERIC<br>4612 N 56TH STREET<br>TAMPA, FL 33610 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | COO<br>BROWN, RICHARD<br>4612 N. 56TH ST.<br>TAMPA, FL 33610 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary<br>Everhart, Sylvia<br>4612 N 56th Street<br>Tampa, Fl. 33610 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** _____ Chief Operating Officer 1/20/05 813-246-4899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

# acts ATTACHMENT

#744798
500010239

**Agency for Community Treatment Services, Inc.**

## REQUISTION FORM

**PROGRAM**

Date: 1/20/05

- ☐ 131st Street
- ☐ AARF
- ☒ Administrations
- ☐ Adult Outpatient
- ☐ AGAPEE I,II,III
- ☐ Assessment & Collections
- ☐ CFBHN
- ☐ Conditional Release Prog
- ☐ Drew Park Entire Facility
- ☐ Drew Park HUD Only
- ☐ Drew Park VA Only
- ☐ Drug Lab / Secon
- ☐ Family Safety (Hills)
- ☐ Food Services
- ☐ Ft. Laud GGH
- ☐ General Services
- ☐ HOPWA - 39th
- ☐ HOPWA - Francis
- ☐ Interbay
- ☐ JAC Tampa
- ☐ JARF
- ☐ Jr. Drug Court
- ☐ Manatee JAC
- ☐ Martindale
- ☐ Moonlight
- ☐ Morgan Street
- ☐ O'Brien
- ☐ Pinellas Dom SAMSHA
- ☐ Pinellas Dom
- ☐ Polk Family Safety
- ☐ Polk Group Home
- ☐ Polk Women In Home
- ☐ Polk Youth In Home
- ☐ Room & Board
- ☐ Training
- ☐ Youth Thono
- ☐ Other/Explain: _____

| Qty | Description | Unit Cost | Total $ Amount |
|---|---|---|---|
| 1 | Check Needed for Annual Report NOT-for-Profit Corp: | | |
| | Filing Fee | | 61.25 |
| | Certified Copy fee | | 8.75 |
| | ✓ Check needed- When is check needed 1/31/05 Send check to who LaTonya | | |
| | Emergency- Yes or No (circle one) Revision-10-8-03 | | |
| | | Freight: | |
| | | Total From Other Page(s): | |
| | | GRAND TOTAL: | 70.00 |

Drop Ship To: _____

Reasons for Ordered Items: Annual Report

FAX PO To: _____ Inter Office Mailed To: _____

Return To: _____ Reason: _____

Vendor ID: _____ Name: Florida Dept. of State

Address: DIVISION of CORPORATIONS ANNUAL REPORT SECTION, PO Box 6850

City: TALLAHASSEE State: FL Zip Code: 32314 Phone #: 850-245-6065

Authorized Signature: LaTonya Moore Purchase Order #: _____

**acts *Administration Only***

☒ Pride 946 Followed ☒ Minority 287 Followed ☒ Recycled Content 403 Followed

Reason for Not Purchasing:

| | | | |
|---|---|---|---|
| PRIDE - | ☐ Product Not Available | ☐ Price Higher | ☐ Other: _____ |
| MINORITY- | ☒ Product Not Available | ☐ Price Higher | ☐ Other: _____ |
| RECYCLEED- | ☐ Product Not Available | ☐ Price Higher | ☐ Other: _____ |

Date Received 01-20-05 Approved ✓ Reviewed By _____ Route To: ☐ LATONYA ☐ Frannie ✓ Gloria ☐ Maggie ✓ other

Maddie Iris