


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90180 031 \*\*\*\*70.00

<b>DOCUMENT # 744798</b> 1. Entity Name <b>AGENCY FOR COMMUNITY TREATMENT SERVICES, INC.</b>					
Principal Place of Business <b>AGENCY FOR COMM. TREATMENT SVCS INC</b> <b>4612 N 56TH ST</b> <b>TAMPA, FL 33610 US</b>			Mailing Address <b>AGENCY FOR COMM. TREATMENT SVCS INC</b> <b>4612 N 56TH ST</b> <b>TAMPA, FL 33610 US</b>		
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 <b>59-1860626</b>	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MARROCCO, JOHN P</b> <b>4612 N 56TH ST</b> <b>TAMPA, FL 33610</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HEARN, STEVEN</b>		NAME		
STREET ADDRESS	<b>4612 N 56TH ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL 33610</b>		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HIRSCH, WILLIAM</b>		NAME		
STREET ADDRESS	<b>4612 N 56TH STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL 33610</b>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WALDEN, ERIC</b>		NAME		
STREET ADDRESS	<b>4612 N 56TH STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL 33610</b>		CITY-ST-ZIP		
TITLE	COO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BROWN, RICHARD</b>		NAME		
STREET ADDRESS	<b>4612 N. 56TH ST.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL 33610</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>EVERHART, SYLVIA</b>		NAME	<b>SECRETARY</b>	
STREET ADDRESS	<b>4612 N 56TH STREET</b>		STREET ADDRESS	<b>CATHERINE Batsch</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33610</b>		CITY-ST-ZIP	<b>4612 N. 56TH ST.</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>FISCAL Director</b> Date <b>4/26/06</b> Daytime Phone # <b>(813) 246-4899</b>		