## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 27, 2006 8:00 am

DOCUMENT # 744798  1. Entity Name AGENCY FOR COMMUNITY TREATMENT SERVICES, INC.							04-27-2006 90180 031 ****70.00						
		AGEN 4612	Aailing Address AGENCY FOR COMM. TREATMENT SVCS INC 4612 N 56TH ST TAMPA, FL 33610 US			c	. · }  <b>    </b>	<b>             </b>					<b>                                   </b>
2. Principal F	Place of Business	3. Mailing Address											
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.				04262006	в с	hg-NP		CR2E	037 (11/05)	)
City & Stat	te	City & State				4. FEI Number 59-1860626					— <del></del>	Applied For Not Applicable	
Zîp	Zip Country		Zip								\$8.75 A Fee Requi		
	6. Name and Address of Curre	nt Registered	Agent				7. Name a	nd Add	iress of I	New Re	gistered	Agent	
MARROCCO, JOHN P					Name								
4612 N 56 TAMPA, F	THÍST				Street Address (P.O. Box Number is Not Acceptable)								
					City						F	L Zip Co	de
8. The above the obligat	named entity submits this statemen tions of registered agent.	t for the purpo	se of changing its	registere	ed office or re	registere	d agent, or b	ooth, in	the State	of Flori	ida. fan	n familiar wit	n, and accept
SIGNATURE			•										
	Signature, typed or printed name of registered ag	ent and title if appli	cable. (NOT	E: Registered	d Agent signature	e required w	hen reinstating)		•		DATE	····	
	Signature, typed or printed name of registered agreement of the state	ent and title if appli	9. Election Can Trust Fund C	npaign F	inancing _	_	hen reinstating) \$5.00 May	/ Be	·		ke che	ck payable	
10.	Filing Fee is \$61.25		9. Election Can	npaign F	inancing _	_	\$5.00 May Added to Fee	es	ES TO O	Florid	ke ched la Depa		State
TITLE	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND VP		9. Election Can	npaign F Contributi	inancing ion. C	_	\$5.00 May Added to Fee	es	ES TO O	Florid	ke ched la Depa	rtment of	State N 10
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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 of 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.

FISCAL DIRECTOR

GNATURE:

| Company |

SIGNATURE: