2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# 744231

Entity Name: ABUSE COUNSELING AND TREATMENT, INC.

Current Principal Place of Business:

407-11 CENTER ROAD
FT MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 60401
FORT MYERS, FL 33906

New Mailing Address:

FEI Number: 59-1864735 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLACKWELL, GWEN PRES
1585 LINDY LANE
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	T	( ) Delete
Name:	CRAVER, BRIAN	
Address:	13543 LITTLE GEM CIRCLE	
City-St-Zip:	FORT MYERS, FL 33913	
Title:	VP	( ) Delete
Name:	CHOUINARD, HEATHER	
Address:	411 SE 17TH TERRACE	
City-St-Zip:	CAPE CORAL, FL 33990	
Title:	CEO	( ) Delete
Name:	BENTON, JENNIFER L L	
Address:	20 FALCONWOOD COURT	
City-St-Zip:	FORT MYERS, FL 33919	
Title:	S	( ) Delete
Name:	JOHNSON, GLENN	
Address:	432 SE 13TH AVENUE	
City-St-Zip:	CAPE CORAL, FL 33990	
Title:	D	( ) Delete
Name:	BARBUR, DAVID	
Address:	1565 RED CEDAR DRIVE	
City-St-Zip:	FORT MYERS, FL 33907	
Title:	D	( ) Delete
Name:	MAZZARA, JUSTIN	
Address:	1664 MCGREGOR RESERVE DRIVE	
City-St-Zip:	FORT MYERS, FL 33901	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	WALLACE, DARREN	
Address:	1715 MONROE STREET	
City-St-Zip:	FORT MYERS, FL 33901	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	JOHNSON, KATHLEEN	
Address:	5238 SW 2ND AVENUE	
City-St-Zip:	CAPE CORAL, FL 33914	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER L. BENTON CEO 06/23/2009

Electronic Signature of Signing Officer or Director — Date