

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744231

FILED
Jan 05, 2011
Secretary of State

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:

CHOUINARD, HEATHER PRES
411 SE 17TH TERRACE
CAPE CORAL, FL 33990 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
Name: CRAVER, BRIAN
Address: 13543 LITTLE GEM CIRCLE
City-St-Zip: FORT MYERS, FL 33913

Title: VP
Name: JOHNSON, KATHLEEN
Address: 5238 SW 2ND AVENUE
City-St-Zip: CAPE CORAL, FL 33914

Title: CEO
Name: BENTON, JENNIFER L L
Address: 20 FALCONWOOD COURT
City-St-Zip: FORT MYERS, FL 33919

Title: S
Name: LANGTON, MAALISA
Address: 2210 WIDMAN WAY
City-St-Zip: FORT MYERS, FL 33901

Title: D
Name: WALLACE, DARREN
Address: 1715 MONROE STREET
City-St-Zip: FORT MYERS, FL 33901

Title: D
Name: MAZZARA, JUSTIN
Address: 1664 MCGREGOR RESERVE DRIVE
City-St-Zip: FORT MYERS, FL 33901

I hereby 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 all other like empowered.

SIGNATURE: JENNIFER L. BENTON

CEO

01/05/2011

Electronic Signature of Signing Officer or Director

Date