

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 18, 2012
Secretary of State

DOCUMENT# 744231

Entity Name: ABUSE COUNSELING AND TREATMENT, INC.**Current Principal Place of Business:**407 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:**BARBUR, DAVID PRES
7920 SUMMERLIN LAKES DRIVE
FORT MYERS, FL 33907 US**Name and Address of New Registered Agent:**CHOUINARD, HEATHER PRES
411 S.E. 17TH TERRACE
CAPE CORAL, FL 33990 US

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: HEATHER CHOUINARD

10/18/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T
Name: CHAIPEL, STEVE
Address: 2625 SW 4TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: D
Name: BARBUR, DAVID
Address: P.O. BOX 60401
City-St-Zip: FORT MYERS, FL 33906

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

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

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

Title: D
Name: CASSIUS, BOREL
Address: 3317 38TH STREET WEST
City-St-Zip: LEHIGH, FL 33976

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

10/18/2012

Electronic Signature of Signing Officer or Director

Date