

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 744231

**Entity Name:** ABUSE COUNSELING AND TREATMENT, INC.

**Current Principal Place of Business:**

407 CENTER ROAD  
FT MYERS, FL 33907

**Current Mailing Address:**

P.O. BOX 60401  
FORT MYERS, FL 33906

**FEI Number:** 59-1864735

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

BENTON, JENNIFER L.  
407 CENTER ROAD  
FORT MYERS, FL 33907 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:** JENNIFER L. BENTON

12/10/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           CHAPEL, STEVE  
Address       P.O. BOX 60401  
City-State-Zip: FORT MYERS FL 33906

Title           VP  
Name           DUFF, CYNTHIA  
Address       P. O. BOX 60401  
City-State-Zip: FORT MYERS FL 33906

Title           PRESIDENT  
Name           AGNEW, JOHN  
Address       P.O. BOX 60401  
City-State-Zip: FORT MYERS FL 33906

Title           DIRECTOR  
Name           JOHNSON, KATHLEEN  
Address       6326 WHISKEY CREEK DRIVE  
                SUITE A  
City-State-Zip: FORT MYERS FL 33919

Title           CEO  
Name           BENTON, JENNIFER L  
Address       P.O. BOX 60401  
City-State-Zip: FORT MYERS FL 33906

Title           DIRECTOR  
Name           CANFIELD, ALAN  
Address       P.O. BOX 60401  
City-State-Zip: FORT MYERS FL 33906

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

Title           DIRECTOR  
Name           HEFFNER, DOUG  
Address       P.O. BOX 60401  
City-State-Zip: FORT MYERS FL 33906

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*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

**CHIEF EXECUTIVE  
OFFICER**

12/10/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name LANGDALE, HEATHER  
Address 9101 COLLEGE POINTE COURT  
City-State-Zip: FORT MYERS FL 33919

Title DIRECTOR  
Name BLEDSOE, ROBERT  
Address 6570 CYPRESS LAKE DRIVE  
City-State-Zip: FORT MYERS FL 33908

Title DIRECTOR  
Name QURESHI, SARA  
Address 1715 MONROE STREET  
City-State-Zip: FORT MYERS FL 33901

Title DIRECTOR  
Name DONNORUMMO, FRANCINE  
Address P.O. BOX 60401  
City-State-Zip: FORT MYERS FL 33906

Title DIRECTOR  
Name SIEGEL, BARBARA MS.  
Address P.O. BOX 60401  
City-State-Zip: FORT MYERS FL 33906

Title DIRECTOR  
Name ABRAHAM, SHEBA  
Address P.O. BOX 60401  
City-State-Zip: FORT MYERS FL 33906

Title DIRECTOR  
Name STAPLES, WILLIAM  
Address P.O. BOX 60401  
City-State-Zip: FORT MYERS FL 33906