

**2016 FLORIDA NOT FOR PROFIT CORPORATION 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:**ZEH, JACKIE PRESIDENT  
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:** JACKIE ZEH

02/02/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title            DIRECTOR  
Name            SIEGEL, BARBARA  
Address        27 FALCONWOOD COURT  
City-State-Zip: FORT MYERS FL 33919

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

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

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

Title            DIRECTOR  
Name            JEAN-DENIUS, AMY  
Address        1817 JEFFERSON AVENUE  
City-State-Zip: FORT MYERS FL 33901

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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. BENTONCHIEF EXECUTIVE  
OFFICER

02/02/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title                   DIRECTOR  
Name                 SIEGEL, BARBARA  
Address             6326 WHISKEY CREEK  
                       SUITE A  
City-State-Zip:   FORT MYERS FL 33919

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

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