

**2019 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:**JOHNSON, KATHLEEN 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:** KATHLEEN JOHNSON

02/04/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
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 DIRECTOR  
Name DUFF, CYNTHIA  
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 VP  
Name AGNEW, JOHN  
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 PRESIDENT  
Name JOHNSON, KATHLEEN  
Address 6326 WHISKEY CREEK DRIVE  
SUITE A  
City-State-Zip: FORT MYERS FL 33919

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

**Continues on page 2**

*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 BENTONCHIEF EXECUTIVE  
OFFICER

02/04/2019

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 WALLACE, DARREN  
Address P.O. BOX 60401  
City-State-Zip: FORT MYERS FL 33906

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

Title DIRECTOR  
Name FLEITAS, ANDIT  
Address 102 SE 40TH TERRACE  
City-State-Zip: CAPE CORAL FL 33904