

2018 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:**CHAIPEL, STEVE 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:** STEVE CHAIPEL

02/14/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title DIRECTOR
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 VP
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

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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

02/14/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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