

2014 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:**CHOUINARD, HEATHER PRES
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:**_____
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	WALLACE, DARREN
Address	1715 MONROE STREET
City-State-Zip:	FORT MYERS FL 33901

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

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

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

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

Title	PRESIDENT
Name	CHOUINARD, HEATHER
Address	407 CENTER ROAD
City-State-Zip:	FT MYERS FL 33907

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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**

01/13/2014

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DUFF, CYNTHIA A
Address 6696 OVERLOOK DRIVE
City-State-Zip: FORT MYERS FL 33919

Title DIRECTOR
Name BOYHAN, CHRISTINA M.
Address 9861 LAS CASAS DRIVE
City-State-Zip: FORT MYERS FL 33919

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

Title DIRECTOR
Name FORREST, III, ROBERT B
Address 13161 CORBEL CIRCLE
816
City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR
Name BLUEMER, PERI A
Address 12530 WALDEN RUN DRIVE
City-State-Zip: FORT MYERS FL 33913

Title DIRECTOR
Name OSTERHOUT, SHELLY
Address 7481 COLLEGE PARKWAY
10
City-State-Zip: FORT MYERS FL 33919

Title DIRECTOR
Name WILSON, STEPHEN G
Address 1161 SW 6TH AVENUE
City-State-Zip: CAPE CORAL FL 33993