

**2016 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:** No

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

DENIUS-JEAN, AMY 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:** AMY DENIUS-JEAN

06/30/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title DIRECTOR  
Name ZEH, JACKIE  
Address 2745 FIRST ST. # 1306  
City-State-Zip: FORT MYERS FL 33916

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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

CEO

06/30/2016

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

Title DIRECTOR  
Name CHOUINARD, HEATHER  
Address 9101 COLLEGE POINTE COURT  
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 PRESIDENT  
Name DENIUS-JEAN, AMY  
Address P.O. BOX 60401  
City-State-Zip: FORT MYERS FL 33906

Title DIRECTOR  
Name DEAN, MAX  
Address 1928 SW 31ST TERRACE  
City-State-Zip: CAPE CORAL FL 33904