

2024 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:**BENTON, JENNIFER L.
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:** JENNIFER L. BENTON

03/13/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name JOHNSON, KATHLEEN
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 AGNEW, JOHN
Address P.O. BOX 60401
City-State-Zip: FORT MYERS FL 33906

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

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

Title PRESIDENT
Name HEFFNER, DOUG
Address P.O. BOX 60401
City-State-Zip: FORT MYERS FL 33906

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

Title DIRECTOR
Name ABRAHAM, SHEBA
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 BENTON**CHIEF EXECUTIVE
OFFICER**

03/13/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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