

**2013 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	DIRECTOR
Name	BARBUR, DAVID
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	LANGTON, MAALISA
Address	2210 WIDMAN WAY
City-State-Zip:	FORT MYERS FL 33901

Title	SECRETARY
Name	WALLACE, DARREN
Address	1715 MONROE STREET
City-State-Zip:	FORT MYERS FL 33901

Title	DIRECTOR
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	JOHNSON, KATHLEEN
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:** HEATHER CHOUINARD**PRESIDENT****01/16/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BADIA, ANAIS  
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

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