

2015 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:**ZEH, JACKIE 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:** JACKIE ZEH

01/12/2015

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 FORREST, ROBERT
Address 13161 CORBEL CIRCLE #816 13161
CORBEL CIRCLE
#816
City-State-Zip: FORT MYERS FL 33907

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 BADIA, ANAIS
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 DIRECTOR
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 BENTON**CHIEF EXECUTIVE
OFFICER**

01/12/2015

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