

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:

CHAIPEL, STEVE 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: STEVE CHAIPEL

11/11/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title DIRECTOR
Name WILSON, STEVE
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

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: JENNIFER BENTON

CEO

11/11/2016

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 JOHNSON, KATHLEEN
Address 6326 WHISKEY CREEK DRIVE
SUITE A
City-State-Zip: FORT MYERS FL 33919

Title DIRECTOR
Name CHOUINARD, HEATHER
Address 9101 COLLEGE POINTE COURT
City-State-Zip: FORT MYERS FL 33919