

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744798

**Entity Name:** AGENCY FOR COMMUNITY TREATMENT SERVICES, INC.

**Current Principal Place of Business:**

4612 N 56TH ST  
TAMPA, FL 33610

**FILED**  
**Feb 09, 2024**  
**Secretary of State**  
**4537762705CC**

**Current Mailing Address:**

4612 N 56TH ST  
TAMPA, FL 33610 US

**FEI Number: 59-1860626**

**Certificate of Status Desired: Yes**

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

PEREYRA, ASHA  
4612 N 56TH ST  
TAMPA, FL 33610 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:** ASHA PEREYRA

02/09/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           HIRSCH, WILLIAM  
Address        4612 N 56TH ST  
City-State-Zip: TAMPA FL 33610

Title           PRESIDENT  
Name           MAZZA, PATRICK  
Address        4612 N 56TH ST  
City-State-Zip: TAMPA FL 33610

Title           SECRETARY  
Name           PARSONS, CINDY  
Address        4612 N 56TH ST  
City-State-Zip: TAMPA FL 33610

Title           DIRECTOR  
Name           ENNIS, GARY  
Address        4612 N 56TH ST  
City-State-Zip: TAMPA FL 33610

Title           VP  
Name           CARTER, SHARON  
Address        4612 N 56TH ST  
City-State-Zip: TAMPA FL 33610

Title           DIRECTOR  
Name           PAULK, JEFF  
Address        4612 N 56TH ST  
City-State-Zip: TAMPA FL 33610

Title           DIRECTOR  
Name           HEARN, RICKY  
Address        4612 N 56TH ST  
City-State-Zip: TAMPA FL 33610

Title           CEO  
Name           PEREYRA, ASHA  
Address        4612 N 56TH ST  
City-State-Zip: TAMPA FL 33610

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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:** ASHA PEREYRA

CEO

02/09/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name COLLINS, ANTHONY  
Address 4612 N 56TH ST  
City-State-Zip: TAMPA FL 33610

Title DIRECTOR  
Name SKELLY, THOMAS  
Address 4612 N 56TH ST  
City-State-Zip: TAMPA FL 33610

Title DIRECTOR  
Name EDWARDS, JOSEPH  
Address 4612 N 56TH ST  
City-State-Zip: TAMPA FL 33610