| 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 e | entity submits this statement for the purpose of changing its regist | ered office or regisi | tered agent, or both, in the State of Flori | da. | | |
| SIGNATURE: | ASHA PEREYRA | | | 02/02/2022 | | |
| | Electronic Signature of Registered Agent | | | Date | | |
| Officer/Direct | tor Detail : | | | | | |
| Title | TREASURER | Title | PRESIDENT | | | |
| Name | HIRSCH, WILLIAM | Name | MAZZA, PATRICK | | | |
| Address | 4612 N 56TH STREET | Address | 4612 N 56TH ST | | | |
| City-State-Zip: | TAMPA FL 33610 | City-State-Zip: | TAMPA FL 33610 | | | |
| Title | SECRETARY | Title | DIRECTOR | | | |
| Name | PARSONS, CINDY | Name | ENNIS, GARY | | | |
| Address | 4612 N 56TH ST | Address | 4612 N 56TH ST | | | |
| City-State-Zip: | TAMPA FL 33610 | City-State-Zip: | TAMPA FL 33610 | | | |
| Title | VP | Title | DIRECTOR | | | |
| Name | CARTER, SHARON | Name | PAULK, JEFF | | | |
| Address | 4612 N 56TH STREET | Address | 4612 N 56TH ST | | | |
| City-State-Zip: | TAMPA FL 33610 | City-State-Zip: | TAMPA FL 33610 | | | |
| Title | DIRECTOR | Title | DIRECTOR | | | |
| Name | HUBER, CHRIS | Name | HEARN, RICKY | | | |
| Address | 4612 N 56TH ST | Address | 4612 N 56TH ST | | | |
| City-State-Zip: | TAMPA FL 33610 | City-State-Zip: | TAMPA FL 33610 | | | |

2022 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

Current Mailing Address:

4612 N 56TH ST TAMPA FL 33610 US

FEI Number: 59-1860626

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: ASHA PEREYRA

CEO

02/02/2022

Electronic Signature of Signing Officer/Director Detail

Date

FILED Feb 02, 2022 **Secretary of State** 5356990820CC

Cartificate of Status Desired: Voc

Officer/Director Detail Continued :

| Title | CEO | Title | DIRECTOR |
|-----------------|----------------|-----------------|------------------------|
| Name | PEREYRA, ASHA | Name | COLLINS, ANTHONY TRMT |
| Address | 4612 N 56TH ST | Address | ACTS 4612 N 56TH ST |
| City-State-Zip: | TAMPA FL 33610 | City-State-Zip: | TAMPA FL 33610-7123 |