

**2015 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

**FEI Number:** 59-1860626

**Certificate of Status Desired:** Yes

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

BROWN, RICHARD E  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title           PRESIDENT  
Name           JACOB, JAMES  
Address        4612 N 56TH STREET  
City-State-Zip: TAMPA FL 33610

Title           CEO  
Name           BROWN, RICHARD  
Address        4612 N. 56TH ST.  
City-State-Zip: TAMPA FL 33610

Title           DIRECTOR  
Name           BATSCH, CATHERINE  
Address        4612 NORTH 56TH ST  
City-State-Zip: TAMPA FL 33610

Title           PAST PRESIDENT  
Name           PREVITERA, JAMES D.  
Address        4612 N. 56TH STREET  
City-State-Zip: TAMPA FL 33610

Title           VP  
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

*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:** RICHARD E BROWN

**C.E.O.**

**02/10/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date