

2013 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	HEARN, STEVEN
Address	4612 N 56TH ST
City-State-Zip:	TAMPA FL 33610

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

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

Title	PRESIDENT
Name	PREVITERA, JAMES D.
Address	4612 N. 56TH STREET
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 BROWN**CEO****01/31/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date