

**2019 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:**SHEEHAN, JOHN MR.  
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:** JOHN SHEEHAN

01/19/2019

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            SHEEHAN, JOHN  
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            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

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

**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:** JOHN SHEEHAN

C.E.O.

01/19/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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 DIRECTOR  
Name HUBER, CHRIS  
Address 4612 N 56TH ST  
City-State-Zip: TAMPA FL 33610