

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 744231 (2)**  
1. Corporation Name  
**ABUSE COUNSELING AND TREATMENT, INC.**



Principal Place of Business Mailing Address  
**P.O. BOX 60401 FT MYERS FL 33906-0401 US**

3. Date incorporated or Qualified **09/12/1978** 3a. Date of Last Report **02/27/1995**  
4. FEI Number **59-1864735** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**POSNER, BONNIE  
5161 TANGLEWOOD PKWY.  
FT MYERS FL 33919**

10. Name and Address of New Registered Agent  
81 Name **Harry Landbo**  
82 Street Address (P.O. Box Number is Not Acceptable) **4020 Evans Avenue**  
83  
84 City **Fort Myers** FL 85 Zip Code **33901**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Harry Landbo* **APRIL 22, 1996**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCCULLOM, DIXIE L</b>	
STREET ADDRESS	<b>8717 CHATHAM</b>	
CITY-ST-ZIP	<b>FT.MYERS FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>LANDBO, HARRY</b>	
STREET ADDRESS	<b>2318 KENT AVE</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>NORTON, JONI</b>	
STREET ADDRESS	<b>398 KEENAN AVENUE</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FITZPATRICK, MARY CONNIE</b>	
STREET ADDRESS	<b>1410 SW 54TH TERRACE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE	<b>M</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CARROLL, PATRICIA</b>	
STREET ADDRESS	<b>17623 CAPTIVA ISLAND LN.</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Vice President</b>	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Marshall T. Bower</b>		
1.3 STREET ADDRESS	<b>15031 Pinta Rassa Rd. #806</b>		
1.4 CITY-ST-ZIP	<b>Fort Myers, FL 33908</b>		
2.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<b>Treasurer</b>	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Kathleen Kelly</b>		
3.3 STREET ADDRESS	<b>14053 Northumberland Dr. #103</b>		
3.4 CITY-ST-ZIP	<b>Fort Myers, FL 33908</b>		
4.1 TITLE	<b>Secretary</b>	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Kristen LaRue</b>		
4.3 STREET ADDRESS	<b>3290-2 Sandlewood Ln.</b>		
4.4 CITY-ST-ZIP	<b>Fort Myers, FL 33907</b>		
5.1 TITLE	<b>Interim Executive Director</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Jennifer L. Benton</b>	MD	
5.3 STREET ADDRESS	<b>1463 Woodwind Court</b>		
5.4 CITY-ST-ZIP	<b>Fort Myers, FL 33919</b>		
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Harry Landbo* **APRIL 22, 1996** 941-939-2900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)