

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 P.O. BOX 60401 FT MYERS FL 33906-0401 US	Mailing Address P.O. BOX 60401 FT MYERS FL 33906-6401 US
---	---

3. Date Incorporated or Qualified 09/12/1978	3a. Date of Last Report 04/26/1996
---	---------------------------------------

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	4. FEI Number 59-1864735 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--	--	---	--

9. Name and Address of Current Registered Agent HARRY LANDBO 4020 EVANS AVENUE FT MYERS FL 33901	10. Name and Address of New Registered Agent 81 Name Kristen Larue 82 Street Address (P.O. Box Number is Not Acceptable) 3290-2 Sandlewood Lane 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: *Kristen Larue* (NOTE: Registered Agent signature required when reinstating) DATE: 3-25-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPVD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARSHALL T. BOWER	1.2 NAME	Mike Carr
STREET ADDRESS	15031 PUNTA RASSA RD	1.3 STREET ADDRESS	1311 SE 21st Terrace
CITY-ST-ZIP	FT.MYERS FL	1.4 CITY-ST-ZIP	Cape Coral, FL 33990
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANDBO, HARRY	2.2 NAME	Diane Stramel
STREET ADDRESS	2318 KENT AVE	2.3 STREET ADDRESS	43 SE 20th Court
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	Cape Coral, FL 33990
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHLEEN KELLY	3.2 NAME	Ann Whiting
STREET ADDRESS	14053 NORTHUMBERLAND DR. #103	3.3 STREET ADDRESS	1840 Maravilla Avenue
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	Fort Myers, FL 33901
TITLE	<del>P</del> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRISTEN LARUE	4.2 NAME	PD
STREET ADDRESS	3290-2 SANDLEWOOD LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	4.4 CITY-ST-ZIP	
TITLE	ED <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNIFER L. BENTON	5.2 NAME	Jennifer L. Benton
STREET ADDRESS	1483 WOODWIND COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Kristen Larue* KRISTEN LARUE 1-13-97 9419592553  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0056146

CR2E037 (9/96)